

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 13.1

DATE: June 15, 2011

ACTION REQUESTED: Ratify Minor Curriculum Revisions

REQUESTED BY: Catherine Todero, PhD, RN, Chairperson
Education/Licensing Committee

BACKGROUND:

According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:

- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs
- Progress reports that are not related to continuing approval
- Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

- 13.1.1 Sonoma State University Entry Level Master's Degree Nursing Program
- 13.1.2 University of San Francisco Entry Level Master's Degree Nursing Program-Clinical Nurse Leader
- 13.1.3 California State University, Fullerton, Baccalaureate Degree Nursing Program
- 13.1.4 The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program
- 13.1.5 Carrington College Associate Degree Nursing Program
- 13.1.6 Chabot College Associate Degree Nursing Program
- 13.1.7 College of the Siskiyous LVN to RN Associate Degree Nursing Program
- 13.1.8 Fresno City College Associate Degree Nursing Program
- 13.1.9 West Hills College Lemoore Associate Degree Nursing Program

Progress Report:

- 13.1.10 Los Angeles Trade Tech College Associate Degree Nursing Program

NEXT STEPS: Notify the programs of Board Action.

**FISCAL IMPLICATION(S),
IF ANY:** None

**PERSON(S) TO
CONTACT:** Miyo Minato, Nurse Education Consultant
(323) 890-9950

MINOR CURRICULUM REVISIONS

Education/Licensing Committee

DATE: May 18, 2011

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
Sonoma State University Entry Level Master's (DEMSN) option	K. Daugherty	04/05/2011	Skip one admission cycle (January 2012—24 students) for this program option due to severe budget restrictions, lack of qualified faculty (some due to retirements), and need to review/revise the curriculum. The 21 students currently enrolled in this option will graduate in August 2011. Graduates in this option have maintained 100% NCLEX pass rate since the inception of the program and also successfully obtained national CNL certification.
University of San Francisco Entry Level Master's Degree Nursing Program-Clinical Nurse Leader	K. Weinkam	02/22/2011	<p>Students currently receive one final grade for NURS 611 Clinical Lab 1 (4 units), a course which covers both health promotion in the community and maternity nursing. In order that students receive a final grade for each component, the course will be separated into two, two-unit clinical courses: NURS 616 Health Promotion of Families and Individuals Across the Life Span and NURS 617 Child-Bearing Families.</p> <p>Faculty and administration are also rearranging content for two medical-surgical courses for better balance. The course numbers will stay the same, but the titles, units, and objectives will be modified to reflect the content. NURS 618 Med/Surg I (4 units) and NURS 635 Med/Surg 2 (2 units) will become NURS 618 Disease Management I: Acute Care and NURS 635 Disease Management II: Chronic Care, each three units.</p>
California State University, Fullerton, Baccalaureate Degree Nursing Program	M. Minato	03/23/2011	The program submitted a proposal to establish an extended campus in partnership with St. Jude Medical Center (SJMC), at Fullerton to offer a BSN program to SJMC's employees. The program will offer prerequisite (GE) courses, onsite, online, or at CSUF campus. RN courses will be offered onsite at SJMC. Curriculum will be exact replica of the approved BSN curriculum program at CSUF: Total licensure required units: 89-90; Nursing units: 58 (34 theory; 24 clinical); Communications – 6; Sciences: 25-26. Units required for BSN degree are 126-127. LVN 30 Unit Option will have 28 units. The extended campus site visit was made on 3/23/11. SJMC and has adequate class room and simulation units, and hospital's library; CSUF's resources for students are available as well. There are clinical spaces to accommodate the projected cohort of students.

MINOR CURRICULUM REVISIONS

Education/Licensing Committee

DATE: May 18, 2011

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
			<p>Two additional clinical sites, St. Josephs Hospital and Children's Hospital of Orange County, have been secured to ensure experiences in all required content areas. CSUF's Director and Asst. Director will oversee the implementation of this program with the SJMC's Program Director and a designated Clinical Educator, who will direct student activities at SJMC.</p> <p>One cohort of twelve students, among which will be employees of St. Jude's, will be admitted each fall semester, with projected start date of spring 2011, pending approval by the CSU Chancellor's Office.</p>
The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program	J. Wackerly	02/17/2011	Name change only. Previously known as California State University, San Jose, Baccalaureate Degree Nursing Program.
Carrington College Associate Degree Nursing Program	K. Daugherty	04/07/2011	Provided written notice of two additional terminal program objectives that were added sometime time after initial program approval but not reported prior to implementation that reflect mastery and use of evidence based practice and information management and technology literacy. Content relevant to the added terminal objectives has been integrated across the curriculum.
Chabot College Associate Degree Nursing Program	K. Daugherty	03/29/2011	Updated NPA content in N 55 (Fundamentals) and 60B (Adult Health II). Added QSEN content to N 55 and 60B and corrected clinical unit calculation error in N 73 (IV Therapy) and made N 60A enrollment or completion as prerequisite to N 73. Total nursing units (45) and total CRL and degree units remain unchanged.
College of the Siskiyous LVN to RN Associate Degree Nursing Program	K. Daugherty	02/10/2011	Add a ½ unit of clinical to N 31, N32, N41 and N42 to integrate clinical simulation hours in each of these courses. CRL units will increase from 19 to 21 units of clinical; total CRL will increase from 65 to 67 units; and total graduation units will increase from 71 to 73 units. Re-title N31-Mental Health and Geriatric Nursing (5.5 units) to accurately reflect course content and unit distribution in these two specialty areas. Create N31X, Mental Health/Geriatric Nursing (5 units) for students electing the LVN 30 unit option.

MINOR CURRICULUM REVISIONS

Education/Licensing Committee

DATE: May 18, 2011

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
Fresno City College Associate Degree Nursing Program	K. Weinkam	02/23/2011	The major curriculum change approved in 2009 provided for the nursing courses to be offered over the 18-week semester. Based on their experience with this curriculum, faculty have now determined that offering RN 32 Foundations and Introduction to Medical Nursing Skills over the first nine weeks and then offering RN 32A Foundations and Introduction to Medical Surgical Nursing Clinical over the second nine weeks of the first semester would maximize students' experiences in the clinical setting. This change becomes effective fall 2011.
West Hills College Lemoore Associate Degree Nursing Program	K. McHan	03/23/2011	Changes to Nurs 101 Learning Lab, a 2-unit elective course offered each semester, include renaming the course for each consecutive semester to Nurs 14A Foundations Learning Lab, Nurs 14B Pharm and Obstetrical Nursing Learning Lab, Nurs 14C Specialty Nursing Learning Lab, and 14D Advanced Nursing Learning Lab. This change aligns the course number with the other courses in the program and allows for transferability. The letter changes indicate increasing rigor. Each course will be required, increasing total units required for licensure from 80.5 units to 88.5 units.

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: May 18, 2011

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
Los Angeles Trade Tech College Associate Degree Nursing Program	M. Minato	03/07/2011	Site visit was made to LATT's newly renovated nursing department in the Magnolia Hall (previously the Administration Building). The department moved from the temporary building on January 2011. The new department occupies two lower floors dedicated to the nursing department: five dedicated classrooms, including one large room for 60 students; a seven-bed skills lab; two simulation rooms (ICU and OB) and a debriefing room between the simulation rooms fully equipped with hi- and mid-fidelity models. Each room has ability to videotape for review of experiences; multi-media, computer lab; faculty office, with individual cubicles; and, a conference room and lounges for faculty and for students.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 13.2

DATE: June 15, 2011

ACTION REQUESTED: Education/Licensing Committee Recommendations

REQUESTED BY: Catherine Todero, PhD, RN, Chairperson
Education/Licensing Committee

BACKGROUND:

The Education/Licensing Committee met on May 18, 2011 and makes the following recommendations:

- A. Continue Approval of Prelicensure Nursing Program:
 - Los Angeles Pierce College Associate Degree Nursing Program
- B. Defer Action to Continue Approval of Advanced Practiced Nursing Program
 - California State University, Dominguez Hills, Nurse Practitioner Program
- C. Approve Major Curriculum Revision:
 - Sonoma State University Baccalaureate Degree Nursing Program Option
 - University of California, Irvine, Baccalaureate Degree Nursing Program

A summary of the above requests and actions is attached.

NEXT STEPS: Notify programs of Board Action

**FISCAL IMPLICATION(S),
IF ANY:** None

**PERSON(S) TO
CONTACT:** Miyo Minato, Nurse Education Consultant
(323) 890-9950

**Education/Licensing Committee Recommendations
From meeting of May 18, 2010**

Education/Licensing Committee Recommendations:

A. CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM

• **Los Angeles Pierce College Associate Degree Nursing Program.**

Joan L. Schneider, RN, MN, PHN, Director/Chair Associate Degree Nursing Program.

A continuing approval visit was conducted by Badrieh Caraway, NEC, and Miyo Minato, NEC, on March 16 –17, 2011 at Los Angeles Pierce College for the Associate Degree Nursing Program. The program was found to be in compliance with the Board rules, laws, and regulations. Three recommendations were given related to CCR Sections 1425.1(a) Faculty Responsibility, 1426.1(B) (6) Preceptorship, and 1428 Student Participation as listed in the attached Reports of Findings document. The program submitted responses that address the Findings in April 2011.

During the last eight years the program has experienced a number of changes in several areas such as leadership, curriculum revision, implementation of Kaplan testing across the curriculum to identify NCLEX readiness, a move to the new building in 2010, and the opening of the new skills lab and two simulation rooms with three high fidelity Simulation Mannequins (SIM Man), (SIM Baby), and (SIM Noel for Maternity), which recreates the clinical nursing environment.

The NCLEX pass rate has improved from 68.75% in 2004 to 97.87% in 2010. The school attracts culturally and ethnically diverse students to attend this program. The program has an excellent reputation within the community and is held in high regards by graduates.

ACTION: Continue Approval of Los Angeles Pierce College Associate Degree Nursing Program.

B. DEFER ACTION TO CONTINUE APPROVAL OF ADVANCED PRACTICE NURSING PROGRAM

• **California State University, Dominguez Hills, Nurse Practitioner Program**

Dr. Gay Goss is Director of the Family Nurse Practitioner Program at CSU Dominguez Hills.

Carol Mackay, Miyo Minato and Leslie Moody, NECs, conducted a continuing approval visit at CSUDH Family Nurse Practitioner Program on March 8-9, 2011. The program was found in non-compliance with three of the Board's regulations: CCR Section 1484(b)(2) - Policies; CCR Section 1484(c) - Faculty and Program Resources; and, CCR Section 1484(d)(9)(a) - Skills Instruction. Two recommendations were made: CCR Section 1484(d)(11) – Preceptors; and, CCR Section 1484(d)(12)(P) – Legal Aspects. The areas of non-compliance and recommendations are summarized in the attached document.

CSUDH FNP program is a statewide program with 85% of its curriculum being delivered via a distance learning model. Currently, there are 48 students enrolled in the FNP program. There are also 123 students taking the advanced science prerequisite courses that will be eligible to enroll in the FNP role courses soon. Currently, there is no designated full time faculty teaching in the FP program exclusively. At the time of the visit, there were three (3) full time SON faculty who teach in the FNP program every semester (these individuals are also responsible for teaching course(s) in other CSUDH nursing programs) and seven (7) part time faculty. These existing faculty resources are insufficient to meet the program's needs. FNP faculty has an overload assignment and high student faculty ratio in the FNP courses. Further, this situation will worsen as student enrollment grows. At the time of the visit, there

were no open searches in progress for full time faculty. Since the visit, a faculty position created for the FNP program in response to a recommendation from a CCNE visit last year has been rescinded.

Other resources in the SON are also problematic. The SON has approximately 2000 students enrolled in its various nursing programs (RN to BSN, MEPN, and other MSN role option programs). There is one staff support person for the entire SON. The clinical placement coordinator position for the school is also vacant. The director of the FNP program has no ongoing allocated release time to administer the FNP program. The Help Desk at CSUDH, which provides IT support for students having technical difficulties, is available during regular work hours on week days only.

The CSUDH campus administration is currently in a transitory phase. At the present time, all of the following positions have Acting individuals serving in the role: Provost, Dean of the College of Professional Studies and the Director of the SON. A serious problem identified at the time of the visit was FNP faculty decisions and policies being over ridden by campus administration. Specifically, in conflict with a faculty recommendation, a student was allowed to progress into the FNP program's culminating preceptorship course prior to satisfactorily completing a prerequisite nursing theory course.

The FNP program director and faculty are a dedicated and competent group of educators. Program problems are identified and addressed. For example, the Admission Policy with a detailed rubric to evaluate student applicants was recently introduced to help reduce the program's high attrition. Ongoing curriculum improvements occur based on the data collected from the HESI exam administered to students at the program's conclusion. (This is a widely used exit exam and predictor of success on the NP national certification exams.)

With respect to the area of non-compliance related to FNP skills instruction, the faculty also identified this area of weakness several years ago. In response, a proposal was developed to integrate instruction in diagnostic and treatment skills into the FNP curriculum. However, the proposal was not supported by campus administration because of associated costs.

The concerns identified on the visit which resulted in the two recommendations are as follows: Some students reported delays in starting their preceptorships because of difficulties finding a preceptor and then securing a clinical placement contract. Also, on a preceptorship site visit, the Standardized Procedures at the site did not meet the BRN guidelines.

Subsequent to the visit, the program has submitted a response to the areas of non-compliance and recommendations. This response presented a plan to satisfactorily address one of the areas of non-compliance, specifically instruction in FNP diagnostic and treatment skills, and the two recommendations. Plans addressing some of the resource problems were included, however specifics related to FNP director release time and IT support for the program must still be developed. With respect to the problem of campus administration over riding FNP faculty decisions and policies, the response indicated that the decision to override theory course prerequisite requirements would continue on a case-by-case basis. There was no comment as to whether faculty decisions related to clinical course prerequisites and student progression would be upheld.

At this time, the staff recommendation is to defer action on continuing approval of CSUDH FNP program with progress reports and site visit as needed.

ACTION: Defer Continuing Approval of California State University, Dominguez Hills, Nurse Practitioner Program. Progress Report is due at the January 2012 ELC Meeting.

C. APPROVE MAJOR CURRICULUM REVISIONS

- **Sonoma State University Baccalaureate Degree Nursing Program**

Dr. Liz Close is the Program Director.

Sonoma State University wishes to revise and re-sequence courses and re-align existing content in the nursing major so students can more easily complete the BSN degree in four academic years (eight Fall/Spring terms). The revised curriculum plan will concentrate the required prerequisite and most GE course work in the first four semesters and nursing courses in the nursing major in the last four semesters. The proposed changes are designed to better meet current students needs since about 85% of program applicants/students have already completed the prerequisite and most of the GE courses and could more easily finish the BSN degree sooner if courses in the nursing major are concentrated in four terms instead of six semesters.

Existing content in the nursing major is unchanged but will be re-distributed, re-sequenced and integrated differently as reflected in the curriculum change documents. Changes include:

- The concentration of the prerequisite science/social science CRL and most GE degree coursework in the first four semesters (freshman and sophomore years) and the concentration of nursing courses in the nursing major to the last four (junior and senior years) instead of six terms.
- The addition of the State of CA nursing assistant certification requirement in preparation for completion of the requisite nursing fundamentals content and skills validation in N 301 Adult Health I prior to delivery of direct patient care in the hospital.
- Re-sequence, re-number, re-title courses and revise course descriptions in the nursing major as reflected in the attached curriculum proposal documents.
- Combine former stand alone nursing theory and clinical courses into a single course format to better facilitate student progression.
- Re-distribute and integrate course content and units from the existing nursing courses such as professional concepts (N200), basic pharmacology (N203), nursing skills/clinical practicum I courses (N205, N 210A), and applications of pathophysiology (N208) into the proposed nursing courses within the nursing major as reflected on the attached CRL forms and the curriculum change documents.
- Re-sequence course content so students have acute care clinical experiences in all four terms in the nursing major. This is designed to improve student confidence in their mastery and retention of nursing knowledge, skills, and abilities closer to graduation and NCLEX testing.
- Increase the total number of nursing theory and clinical units from 42 to 44 units.
- Increase the total nursing theory units from 21 to 25 units by taking redistributed content and units and adding units of nursing theory to the OB, Peds, and Psych/MH nursing courses.
- Decrease the total nursing clinical units by 2 units (from 21 to 19 units) by eliminating 2 units of campus skills lab content formerly taught in N205.
- Increase the total CRL units from 71-73 units as reflected on the revised CRL forms.
- Decrease the other degree requirements from 53 to 47 units and the total units for graduation from 124 to 120 units since some GE requirements can be waived for the BSN degree option.

The program would implement these changes effective Fall 2011 to better serve the needs of program applicants.

ACTION: Approve Major Curriculum Revision for Sonoma State University Baccalaureate Degree Nursing Program.

- **University of California, Irvine, Baccalaureate Degree Nursing Program**

Ruth A. Mulnard, DNSc, RN, FAAN, Associate Director represented the program.

UCI BSN Program submitted a major curriculum proposal, which the program has been working on since mid-2009. The changes being proposed are the work of the faculty group and based on faculty experience, student evaluations, and other programmatic evaluation data of the initial curriculum implemented in 2007.

The proposed curriculum include addition of course requirements and changes to sequencing in the general education requirements with a goal to provide students with selection of lower division courses to provide a broad base in the humanities and social sciences as a basis for nursing practice. The changes to the nursing curriculum involved adding units to existing courses, such as the foundations to augment skills acquisition, while for pediatrics and obstetrics, a combined course was separated into two courses and units increased to enhance learning in specialty nursing content areas. The proposed curriculum also consolidated two separate preceptorship courses into one course, and sequenced to offer it in the final quarter of the program to provide more concentrated individually directed clinical immersion experience. Some nursing course units were reduced to balance the addition of units. A detailed description of the proposed changes is described in the attached document.

The new nursing curriculum will be implemented Fall 2011. BRN forms, Content Required for Licensure, were submitted that reflect the different GE requirements for Fall 2011 and Fall 2012 admissions. The proposed changes in curriculum meet the Board rules and regulations.

ACTION: Approve Major Curriculum Revision for University of California, Irvine, Baccalaureate Degree Nursing Program.

**BOARD OF REGISTERED NURSING
EDUCATION/LICENSING COMMITTEE**
Agenda Item Summary

AGENDA ITEM: 13.3

DATE: June 15, 2011

ACTION REQUESTED: **DISCUSSION OF AREAS OF NONCOMPLIANCE, OF
UNITED STATES UNIVERSITY ENTRY LEVEL
MASTER’S DEGREE NURSING PROGRAM, AND
POSSIBLE BOARD ACTION**

REQUESTED BY: Catherine Todero, PhD, RN, Chairperson
Education/Licensing Committee

BACKGROUND:

Report on this agenda item will be presented in a separate cover.

NEXT STEPS: Notify the program of Board Action.

**FISCAL
IMPLICATION(S),
IF ANY:** None.

**PERSON(S) TO
CONTACT:** Miyo Minato, Nurse Education Consultant
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BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 13.4

DATE: June 15, 2011

ACTION REQUESTED: Grant Initial Program Approval ITT Technical Institute Rancho Cordova Associate Degree Nursing Program

REQUESTED BY: Catherine Todero, PhD, RN, Chairperson
Education/Licensing Committee

BACKGROUND: In March 2010, Seaneen Noonan, MSN, RN was hired as the Program Chair at ITT Technical Institute Rancho Cordova (ITTRC), located in the greater metropolitan area of Sacramento. Ms. Noonan has provided leadership for the development of the generic AD program in both the feasibility and the self study phases of initial program approval. Ms. Noonan has worked in conjunction Peggy Keen, RN, MSN, National Chair, School of Health Sciences, ITT Educational Services, Inc. (ITT/ESI) based in Indiana on this endeavor.

ITT Technical Institute Rancho Cordova (ITTRC) is one school in a network of private for profit educational institutions owned by ITT Educational Services, Inc. (ITT/ESI). As of February 2011, ITT/ESI operates 125 ITT Institutes in 38 states and serves approximately 80,000 students.

As of September 2010 when the ELC accepted ITTRC's feasibility study, ITT/ESI had a total of 22 AD nursing programs operating in 15 states. The first nursing programs were established in 2007. ITT/ESI reports, that as of 3/14/11, 117 first time test takers have taken the NCLEX exam and the current pass rate for program graduates is 81% across all ITT programs. The Rancho Cordova campus will be ITT/ESI's first nursing program in California. There are plans to seek separate approval for another associate degree nursing program in Southern California at a later date.

The ITTRC campus currently has approximately 650 students enrolled in both day and evening classes. ITTRC is accredited by the national accrediting agency, Accrediting Council for Independent Schools and Colleges (ACICS) to offer both academic associate (7) and bachelors of science degrees (8) through December 2012. Currently, ITTRC offers no health related or other nursing programs. ITT Rancho Cordova is approved by the California Bureau for Private Postsecondary Education (BPPE). BPPE approval for the associate degree nursing program will follow BRN approval. ITT/ESI is in the process of obtaining nursing program specific accreditation by NLNAC for each of its nursing programs beginning with the nursing programs in Indiana. A more definitive timeline for ITTRC NLNAC accreditation will be established once BRN approval is granted.

An initial program approval visit was conducted March 14-15, and April 1, 2011 by K. Daugherty, NEC. The proposed program was found to be in compliance with the rules, regulations and board policies and procedures. No recommendations were made. Program approval findings are detailed in the attached initial program approval documents.

The proposed nine quarters year round program curriculum is based on the national curriculum developed by ITT/ESI with appropriate modifications to comply with California's regulations. Following BRN approval, ITTRC plans to enroll the first cohort of 30 students in September 2011. Program completion for the first cohort will occur in December 2013. ITTRC intends to market the proposed nursing program to high school students and other qualified applicants who have not been accepted into the established nursing programs in the greater Sacramento region.

The program curriculum consists of a total of 107 CRL/degree quarter units for the associate of science degree in nursing. The total number of nursing units is 66.5 quarter units and includes 39.5 units of nursing theory and 27 clinical nursing units. Draft course syllabi have been developed, will be refined and sent to the BRN for approval prior to implementation once faculty is hired.

At the time of the ELC's acceptance of ITTRC's feasibility study in September 2010, ITTRC proposed the admission of 30 students every quarter for an expected enrollment pattern of 120 students per year. Acutely aware of the current clinical placement and graduate/RN employment trends throughout CA, ITTRC has made the decision to admit only 30 students every other quarter (60 per year) for at least the first nine quarters of the program and then reassess future enrollment patterns at that time. ITTRC has already obtained firm commitments from 13 clinical sites for clinical placements without displacing existing schools per the attached clinical site documents. Self study evidence shows the proposed clinical sites have adequate patient census, RN staff, and the appropriate type and number of learning experiences necessary to provide the required variety, depth, breadth and complexity of learning experiences to meet program learning objectives/outcomes in all five specialty areas. After the initial program approval visit, Ms. Noonan reported confirmation for clinical placements in one additional 225 bed acute care facility (for more OB and complex M/S placements) in the Sacramento region. In April 2011, Ms. Noonan became an official member of one of the local clinical placement planning groups (Healthy Communities Forum) for the greater Sacramento region. Ms. Noonan is also pursuing membership in other regional clinical placement planning groups as well.

Finally, the site visit validated there are sufficient resources (faculty/staff, funding, physical space/classrooms/labs, support services, equipment etc.) allocated for the program as described in the attached report of findings and budget documents. Since some renovation of existing facilities will occur to accommodate the nursing program, a site visit will be made in August 2011 to verify the planned physical space renovations are complete prior to the start of instruction in September 2011. Finally, the typical routine interim visits associated with the start of a new program will be made in December 2012 and December 2013.

NEXT STEPS:

Notify the program of Board Action.

**FISCAL IMPLICATION(S),
IF ANY:**

None

**PERSON(S) TO
CONTACT:**

Katie Daugherty, Nurse Education Consultant
(916) 574-7685

ITT Technical Institute
Associate Degree Nursing Program
Summary of Findings
Approval visit: March 14-15, and April 1, 2011

Non Compliance(s): No areas of non-compliance identified.

Recommendation(s): None

CONSULTANT APPROVAL REPORT
INITIAL PRELICENSURE PROGRAM VISIT

EDP-S-05 (Rev. 08/10)

PROGRAM NAME: ITT Technical Institute
Sacramento-Rancho Cordova (ITTRC)
Associate Degree Nursing Program

APPROVAL CRITERIA

DATES OF VISIT: March 14-15, April 1, 2011

APPROVAL CRITERIA	EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
<p>I. ADMINISTRATION</p> <p>SECTION 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual differences of students, including their cultural and ethnic background, learning styles, goals and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.</p>	<p>SS 4-10 App 2, 13, 18-22 Includes SHB/FHB/CAT</p>	X		<p>ITT Educational Services Inc. (ITT/ESI) currently has more than 22 associate degree nursing programs in 15 states. Corporate headquarters are located in Indiana. ITT/ESI schools are accredited by ACICS. ITTRC holds current ACICS accreditation thru December 2012 and requisite CA BPPE approval for existing degree programs. Following BRN program approval, BPPE will add the nursing associate of science degree to ITTRC's list of approved degree programs. NLNAC accreditation will be pursued in the future.</p> <p>The proposed AD program being established at ITTRC will be the first in California. ITTRC's program is based on ITT/ESI's national nursing curriculum implemented in 2007. As of 3/14/11, across all current ITT programs, there have been 117 first time test takers take the NCLEX RN exam. The pass rate is 81%.</p> <p>ITTRC's nursing program philosophy is based on the concepts of Person, Environment, Health, Nursing, Education and Learning. It is congruent with ITTRC's and ITT/ESI mission, philosophy, and core values.</p> <p>Program philosophical concepts are organized in an eclectic framework with the integration of six major curriculum components/strands threaded throughout the curriculum. These include:</p> <ul style="list-style-type: none"> • Nursing values • Nursing process • Health promotion and maintenance • Nursing roles (provider of care, manager of care, member of the profession/IDT) • Therapeutic communication skills • Competent nursing care

Associate Degree Nursing Program

APPROVAL CRITERIA

SECTION 1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
SS 11-32, 88-89, App 2-9, 12-22, 26-30 includes SHB/FHB, CAT	X		Written admission/readmission, selection, promotion/progression, attendance, probation, withdrawal/dismissal, program completion and grievance procedure policies and procedures are well developed and congruent with ITT/ESI corporate and ITTRC campus policies and procedures. The policies and procedures will be available to students and faculty in hard copy and via the student and faculty ITT intranet portals. Catalog (pg.52) materials specifically state acceptance of credits in any course taken at ITTRC is made at the discretion of the receiving institution. The catalog clearly states students considering continuing his/her education or transferring to any institution other than ITT must not assume that any credits earned in any course taken at ITTRC will be accepted by the receiving institution. Currently articulation agreements are in place with Kaplan University and Grand Canyon University. Discussion is in progress with University of Phoenix; plans also include developing an articulation agreement with CSU Sacramento in the future.
SS 12-32, 88-89, 95-98 App 2-6, 7-9, 12-24, 26-30 SS 32-35 App 2, 13, 19-22, 30 http://www.itt-tech.edu ,	X		Evidence includes a well developed systematic evaluation plan (SPEP) and standardized evaluation tools used by all ITT nursing programs across the U.S. Adequate data collection, analysis, reporting processes and technology support are in place for monitoring all program aspects continuously. The program will be using the HESI A2 admission test and a series of HESI specialty area tests throughout the program including the HESI comprehensive exit exam. Students must pass the HESI exit exam to complete the program. Written student grievance procedures are developed (CAT/SHB) and clearly delineate the role of the nursing program director and faculty in the process. If a student grievance is not resolved to the student's satisfaction at the individual campus level, a written appeal can be submitted to Senior Vice President, Chief Compliance Officer, ITT/ESI in Indiana.

- (1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.
- (2) The program shall have a procedure for resolving student grievances.

Associate Degree Nursing Program

APPROVAL CRITERIA

SECTION 1424 (c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication with the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
SS 35-38 App 2, 7-8, 13-16, 21- 24, 26, 30	X		<p>ITTTRC's Campus Director serves as the school's Executive Director. The Campus Director is also the campus Disability Coordinator. ITTTRC's Campus Director reports to a District Manager (DM). The DM reports to the corporate ITT/ESI Senior Vice President of Operations in Indiana.</p> <p>At ITTTRC, there is a campus Dean and an Associate Dean of General Studies. The designated Nursing Program Director/Chair, Seaneen Noonan, RN, MSN, reports to and is evaluated by the ITTTRC campus Dean. Ms. Noonan and the Dean work closely in the management, coordination, and implementation of the nursing program. Ms. Noonan is also a member of the Academic Affairs Leadership Team along with the campus Dean, the Associate Dean, and other ITTTRC Program Chairs.</p> <p>Ms. Noonan also collaborates with the ITT/ESI National Nursing Chair on a monthly basis. Mechanisms are in place to provide ongoing communication for all program faculty via the various ITT/ESI corporate, nursing chairs, and faculty portals.</p> <p>Nursing program faculty and the administrative assistant for the nursing program will report directly to the nursing Program Director/Chair, Ms. Noonan.</p>

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SECTION 1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology to achieve the program's objectives.

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
SS 4, 38-47 App 2, 7-8, 10-12, 21- 22, 24-30	X		<p>Available evidence demonstrates there are sufficient resources including financial support for the program. Once established, student tuition will be the funding source to sustain the program. ITTRC provides a full range of student and faculty services/learning resources and appropriate hours of access to support the program have been established. Resources include 8 well equipped classrooms, a 30 stations science lab, 3 computer labs, a five beds nursing skills/simulation lab, 2 dedicated private meeting/conference spaces for program use, a dedicated 9 seats nursing faculty office space with computer, telephone, desk etc. for each faculty member, a private office for the program director and a semi private office for the full time clerical assistant. Some renovation of the existing campus physical space will occur once the program is approved as represented on the attached schematic. Renovation will be completed by August 2011 and a site visit to validate readiness for program start up will occur prior to program instruction.</p> <p>There is a campus bookstore and LRC onsite. The campus LRC will include sufficient resources to support the nursing program. The campus Dean oversees the LRC and staff. The identified services and hours of access for initial program start up are appropriate. Students may access the virtual library from any computer during and after program completion on a lifetime basis as part of ITT's commitment to lifelong learning for program graduates. The PD/Chair serves on the campus LRC committee that meets once a term. Recommendations are forwarded to the national LRC advisory committee. A corporate librarian plans, coordinates, and manages centralized resources and services. Free tutoring (ITTRC Jump Start program) is available. Nursing tutoring hours will be built in the FT/PT nursing faculty teaching loads.</p>

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SECTION 1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.

SECTION 1424(f) The program shall have a board approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered and who is delegated the authority to perform the director's duties in the director's absence.

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
SS 38-39, 47 App 7-8, 13-15	X		Ms. Noonan holds the titles of Program Chair and Program Director. The Program Director/Chair position job description is well developed. Ms. Noonan is responsible and accountable for the nursing program. Ms. Noonan works in collaboration with the Dean related hiring, promotion, retention, evaluation, and instructional improvement. The Program Director/Chair is a full time 12 months position with 100% release time to administer the RN program. There are no other nursing or allied health programs at ITTRC. No additional nursing or allied health programs are slated for future development at this time. Ms. Noonan, as PD/ Program Chair, is also part of the campus Academic Leadership Team and the national nursing chairs group that communicates via conference call on a monthly basis. Program operations, curriculum and process improvements are the major foci for these calls. She is also a member of the national ITT/ESI curriculum committee. ITTRC has identified at least one eligible Assistant Director (AD) applicant with many years of instructional experience teaching in associate degree nursing education. Once hired, the AD will be a full time position 12 months per year with a minimum of 20% (5 of 25 hours/wk) release time to perform administrative activities as directed by the program director. See section above. There is a well developed job description for the AD.
SS 47 App 7-8, 12-15, 17	X		

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SECTION 1424(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

SECTION 1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426 (d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
SS 12-32, 47-50 App 2, 7-9, 12-16	X		<p>The Program Director/Chair, Assistant Director/Assistant Chair, and nursing faculty govern the nursing program. The program Director/Chair is the presiding officer for the nursing faculty. There are two standing faculty committees of the program:</p> <ul style="list-style-type: none"> Nursing Faculty Curriculum Nursing Faculty Admission, Progression and Graduation <p>Committee processes and functions are well developed and included in the SHB and FHB.</p> <p>Faculty committee appointments are made by the PD for a three year term; each committee elects a committee chair by majority vote.</p> <p>Student representatives are appointed to the two program committees by the PD for one academic year.</p> <p>An ITTRC Nursing Program Advisory Committee (PAC) will be established to support continuous feedback and program improvement. Membership will include broad based campus, program, student and community/clinical agency representatives/experts.</p>
SS 38-39, 50-53	X		<p>The program staffing plan provides sufficient evidence of compliance with this regulation.</p> <p>ITTRC will require the expected 11-12 full time "at will" faculty members (includes the PD/Chair) to hold a MSN degree. Full time faculty members will carry a teaching load of 25 contact hours per week.</p> <p>At least 50 % of the part time adjunct faculty will also be required to hold an MSN so the program will be in compliance with NLNAC faculty standards from the inception of the program. Part time faculty may be assigned up to 40 contact hours per week. PT faculty will be paid an hourly rate for tutoring students.</p> <p>Program staffing plan is as follows: Present: FT Program Director/ Chair; Following BRN program approval May/June 2011: FT Program Director; 1 FT admin. clerical staff; 1 FT faculty/AD; Qtr. 1 of instruction: Same as above plus 1 additional FT faculty; Qtr. 2: add 1 FT faculty; Qtr. 3: employ a total of 5 FT faculty and PT as needed; Qtr. 4: employ a total of 6 FT faculty and PT adjuncts as needed; Qtr. 5: employ 7-8 FT and PT as needed; Qtr. 6: 8-9 FT and PT as needed; Qtr. 7: 9-10 FT and PT as needed; Qtr. 8: 10-11 FT and PT as needed; and from Qtr. 9 forward: 11-12 FT and PT as needed.</p> <p>ITTRC has already received approximately 16 viable faculty applications that meet BRN faculty requirements in at least one or two of the five specialty areas.</p>

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SECTION 1424(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program.

SECTION 1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.

SECTION 1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria:

- 1) Acuity of patient needs;
- 2) Objectives of the learning experience;
- 3) Class level of the students;
- 4) Geographic placement of students;
- 5) Teaching methods; and
- 6) Requirements established by the clinical agency.

II. FACULTY QUALIFICATIONS

SECTION 1425

All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR 1425 (EDP-R-02) REV 02/09.

A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of or within 30 days after termination of employment of a faculty member. Such changes shall be reported on forms provided by the board. Each faculty member, director and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:

SECTION 1425(a) The director of the program shall meet the following minimum qualifications:

- (1) A Master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;
- (2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420 (h);

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
SS 53 App 16	X		ITTRC intends to utilize a small number of non-faculty RN staff in a few select outpatient/ambulatory, and community based settings. Written draft templates outlining responsibilities of students, non-faculty and faculty are developed and will be further refined once course faculty are hired. Course faculty will be readily available to students and non-faculty via pager and cell phone. Faculty will also make visits to the sites on a routine basis to ensure learning experiences are meeting required objectives/learning outcomes. Written evaluation of these experiences will also be completed every term.
SS 53 App 8, 13	X		Lines of authority and supervision are clearly defined in writing.
SS 53-54 App 14 pg 31	X		In clinical skills/simulation labs and clinical agency rotations the maximum student to instructor ratio will be 10:1.
SS 55-57 BRN Director and AD forms submit App 7, 8, 12, 13, 14, 15, 17	X		Appropriate director and faculty approval forms have been completed for Ms. Noonan. Once the program has been approved, AD approval forms and documentation will be submitted prior to program start up.
SS 55 App 7, 8, 9, 12, 17	X		Seaneen Noonan is the designated Program Director/Chair.
SS 55 App 8, 17 BRN Director Approval Forms SS 55 App 8, 17	X		Ms. Noonan completed an MSN in Nursing Education at CSU Dominguez Hills in June 2006.
	X		Formerly, Ms. Noonan served as pre-licensure program director and assistant director in another associate degree nursing program in California prior to being hired by ITTRC.

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- (3) Two (2) years' experience teaching a pre-or post-licensure registered nursing programs; and;
- (4) One (1) year's continuous, full time or its equivalent experience providing direct patient care as a registered nurse;
- (5) Equivalent experience and/or education as determined by the board.
- (b) The assistant director shall meet the education requirements set forth in subsections (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a) (4) above, or such experience as the board determines to be equivalent.

SECTION 1425(c) An instructor shall meet the following minimum qualifications:

- (1) The education requirements set forth in subsection (a)(1);
- (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by:
- (A) One (1) year's continuous, full time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or
- (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and
- (3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.

SECTION 1425(d) An assistant instructor shall meet the following minimum qualifications:

- (1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;
- (3) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by:
- (A) One (1) year's continuous, full time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or
- (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.

SECTION 1425(e) A clinical teaching assistant shall have at least one (1) year's continuous full time or its equivalent experience in the designated nursing area within the previous five (5) years as a registered nurse providing direct patient care.

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
SS 55 App 17	X		Since 2003, Ms. Noonan has taught in a several pre-licensure AD, BSN, and ELM degree programs in the areas of Med. Surg. & Geriatrics on a full and part time basis.
SS 55 App 17	X		Ms. Noonan continues to provide direct patient care experience in the ER on a per diem basis.
SS 55	X		ITTRC will submit AD approval forms after initial program approval is granted by the BRN. At least one eligible AD applicant has been identified.
SS 56 App 8, 12, 13-15 including Draft FHB and Clinical Competencies Validation Processes/Forms	X		
SS 56	X		
SS 56 App 8, 12, 13, 14, 15 including FHB, Clinical Validation Processes/Forms	X		
SS 56	X		
SS 56	X		
SS 57	X		There are no current plans to utilize CTAs. If used in the future, the program will meet the requirements to do so.

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SECTION 1425 (f) A content expert shall be an instructor and shall possess the following minimum qualifications:

- (1) A master's degree in the designated nursing area; or
- (2) A master's degree that is not in the designated nursing area and shall:
 - (A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and
 - (B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.

III. FACULTY RESPONSIBILITIES

SECTION 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.

(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.

SECTION 1425.1(c) A registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.

(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches.

IV. REQUIRED CURRICULUM

SECTION 1426(a) The curriculum of a nursing program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.

SECTION 1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.

SECTION 1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number at least the following number of units in the specified course areas:

- (1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.
- (2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written and group communication.

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
SS 57	X		The Program understands compliance requirements related to faculty CEs in the five specialty areas. Initially, the medical surgical and geriatric content experts will be hired for instruction in Clinical Concepts I and II and Adult Nursing I and II. By Qtr.7 the Mental/Psych CE needs to be hired and by Qtr.8 the OB/Peds CE. A draft CE policy and review template has been developed to facilitate ongoing curriculum review by the designated CEs.
SS 58-60 App 8, 15 SS 60-63 App 8, 9, 12-15, 18-23, 26	X		Faculty performance expectations and responsibilities are clearly stated and congruent with this regulation.
SS 64 App 15	X		
SS 65-73 App 18-22 including draft course syllabi BRN CRL/TCP forms	X		ITTRC nursing program faculty will have the opportunity to refine the nursing program curriculum using ITTRC campus groups, program faculty committees, program evaluation data, student feedback and the ITT/ESI national curriculum, LRC, chairs, and the national education chair and staff as resources for doing so.
SS 71-73 App 18-22 Draft course syllabi	X		Refer to Section 1424 (a) for a description of the unifying theme and the six major curricular concepts reflected throughout the curriculum including the nursing process. Courses are progressively sequenced in a simple to complex fashion. Students progress from caring for one patient to caring for groups of patients in the final nursing capstone course.
SS 67-74 App 18-22 BRN CRL/TCP forms	X		The program academic year will include four quarters of instruction (September, December, March, June). The program is slated to start in September 2011. The associate degree nursing curriculum consists of a total of 107 quarter units.
SS 67-74 App 18-22 BRN CRL/TCP forms	X		Total nursing theory and clinical units: 66.5 quarter units • Total Nursing Theory units: 39.5 units • Total Nursing Clinical units: 27 units
SS 67-74 App 18-22 BRN CRL/TCP forms	X		Includes 9 quarter units: • English Composition I (EN1320 4.5 units) • English Composition II (EN 1420 4.5 units) both include oral communication content

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(3) Related natural sciences, (anatomy, physiology, and microbiology courses with labs) behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.

SECTION 1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective, patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.

SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum.

- (1) The nursing process;
- (2) basic intervention skills in preventive, remedial, supportive and rehabilitative nursing;
- (3) physical, behavioral and social aspects of human development from birth through all age levels;
- (4) the knowledge and skills required to develop collegial relationships with health care providers from other disciplines;
- (5) communication skills including principles of oral, written and group communications;
- (6) natural sciences including human anatomy, physiology and microbiology; and
- (7) related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
SS 67-74 App 18-22	X		Includes a total of 31.5 quarter units: <ul style="list-style-type: none"> Anatomy and Physiology I & II with labs (AP 2535, AP 2635 6 units each); Microbiology with lab (SC 2735 6 units); Sociology (SO 2550 4.5 units); Psychology (PY 3150 4.5 units); and College Math I (MA 1210 4.5 units)
SS 67-74 App 18-22 BRN CRL/TCP forms App 21 Draft Course syllabi documents	X		Nursing courses are structured to deliver theory and the clinical components concurrently in a single course format. Draft course content documents including draft course syllabi clearly identify the six core curriculum concepts/domains: <ul style="list-style-type: none"> Nursing values Nursing roles Nursing process Health promotion/maintenance Therapeutic communication Competent nursing care These concepts are integrated across the curriculum.
SS 71-74 App 18-22 Draft Course syllabi CRL forms	X		
SS 71-74 App 18-22, support course syllabi, CRL forms	X		
SS 71-74 App 18-22, support course syllabi CRL forms	X		
SS 71-74 App 18-22, support course syllabi CRL forms	X		
SS 71-74 App 18-22, support course syllabi CRL forms	X		
SS 71-74 App 18-22, support course syllabi CRL forms	X		
SS 71-74 App 18-22, support course syllabi CRL forms	X		
SS 71-74 App 18-22, support course syllabi CRL forms	X		
SS 71-74 App 18-22, support course syllabi CRL forms	X		

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(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.

SECTION 1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:

- (1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.
 - (2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.
- SECTION 1426.1 PRECEPTORSHIP
- A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply:
- (a) The course shall be approved by the board prior to its implementation.
 - (b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that includes all of the following:
 - (1) Identification of criteria used for preceptor selection;
 - (2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student and faculty responsibilities;
 - (3) Identification of preceptor qualifications for both the primary and relief preceptor that include the following requirements:
 - (A) An active, clear license issued by the board; and
 - (B) Meet the minimum qualifications specified in section 1425 (e); and
 - (C) Employed by the health care agency for a minimum of one (1) year; and
 - (D) Completed a preceptor orientation program prior to serving as a preceptor;
 - (E) A relief preceptor, who is similarly qualified to be the preceptor and present and available on the primary preceptor's days off.

- (4) communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses:
 - (A) The frequency and method of faculty/preceptor/student contact;
 - (B) Availability of faculty and preceptor to the student during his or her preceptorship experience;
 - (i) Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship.
 - (ii) Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
SS 74-76 App 5, 18-22, 26-30	X		Tools to evaluate academic and clinical performance and progress are well developed. Faculty will have the opportunity to refine as appropriate.
SS 76 App 2 CAT 45, 48 App 19-21 including BRN CRL/TCP forms	X		At ITT nursing curriculum includes 9 twelve weeks quarters with instruction including finals week occurring over 11 weeks of each quarter. Quarters: Fall (Sept-Dec); Winter (Dec-March); Spring (March-June); Summer (mid June-Sept.). Academic year includes a one week Summer break and a two weeks Winter term break.
SS 76 App 2 CAT 40 App 19-21 BRN CRL/TCP forms	X		One unit/credit hour= 10 hours of theory instruction
SS 76 App 2 CAT, SHB App 19-21 BRN CRL/TCP forms	X		One unit/credit hour of clinical= 30 hours of nursing clinical instruction One unit/credit hour in science labs= 20 hours of instruction
SS 75-78 App 16 pgs.1-10	X		For the first nine quarter program cycle, all clinical instruction will be delivered using a faculty led/supervision model including the capstone course in which students care for groups of patients. Once program faculty has had the opportunity to assess/evaluate the nine quarter program of study, a preceptorship component may be added. Materials were submitted to comply with this regulation and may be used at a later time. Materials will be refined at that time, and re-submitted as part of a potential curriculum change in the future.

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- (5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities:
- (A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student;
- (B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor;
- (6) Maintenance of preceptor records that include names of all current preceptors, registered nurse licenses, and dates of preceptorships.
- (7) Plan for ongoing evaluation regarding the continued use of preceptors.
- (c) Faculty/student ratio for preceptorship shall be based on the following criteria:
- (1) Student/preceptor needs;
- (2) Faculty's ability to effectively supervise;
- (3) Students' assigned nursing area; and
- (4) Agency/facility requirements.

V. CLINICAL FACILITIES

SECTION 1427(a) A nursing program shall not utilize agencies and/or community facilities for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b) and (c) of this section and the policies outlined by the board.

SECTION 1427(b) A program which utilizes agencies and/or community facilities for clinical experience shall maintain written objectives for student learning in such facilities, stated in measurable performance terms, and shall assign students only to facilities which can provide the experience necessary to meet those objectives.

SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:

- (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
SS 76-77 App 16 pgs. 1-10	X		Clinical site evidence shows sufficient clinical slots are available at the following institutions without displacing existing program students/schools. The clinical sites listed below were visited, and placement availability validated during the self study phase. These include: Acute Care (4): Kindred (M/S, Ger) Mercy San Juan Valley (Ger); SNF/LTC(3): Courtyard, Delta Rehab, (M/S, OB, Peds); Woodland (M/S, Psych/MH); Oak Meadowview; Psych/MH(2); Heritage Oaks, Woodland Hospital; Ambulatory/Community Based (4): Pediatric Services of America, Sacramento Surgery Ctr. Traumatic Brain Injury-Easter Seals, Seta-Head Start. Additionally, Sutter Sierra Region has agreed to provide placements in the future and has completed the required verification forms: Requested areas include (M/S, OB, Peds, Ger); placements will be dependent upon requested clinical schedule at the time placements are needed. Marshall Hospital (M/S, Ger) has also completed the required verification form and may provide placements in the future depending on ITTRC's requested schedule. ITTRC's PD will be participating in the local regional clinical planning groups on a routine basis effective April 2011.
SS 79	X		
SS 78-87 App 23-25 BRN Clinical Site Approval Forms	X		
SS 78-84 App 16, 22-26	X		Evidence reflects adequate type and number of clinical placements in all five specialty areas to support instruction while providing sufficient depth, breadth, and complexity as the student progresses through the curriculum.
SS 84-86 App 23 pgs.1-7	X		Sample written agreement template includes all required elements. Signed agreements will be obtained prior to any clinical placements and kept current.
SS 84-86 App 23 pgs.1-7	X		

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- (2) Provision for orientation of faculty and students;
- (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;
- (4) Assurance that staff is adequate in number and quality to ensure safe and continuous health care services to patients;
- (5) Provisions for continuing communication between the facility and the program; and
- (6) A description of the responsibilities of faculty assigned to the facility utilized by the program.

VI. STUDENT PARTICIPATION

SECTION 1428 Students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to:

- (a) Philosophy and objectives;
- (b) Learning experience; and
- (c) Curriculum, instruction, and evaluation of the various aspects of the program, including clinical facilities.

VII. LICENSED VOCATIONAL NURSES AND OTHER HEALTH CARE WORKERS

SECTION 1429(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in section 2736 of the code. Such applicant shall submit evidence to the board, including a transcript of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.

SECTION 1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicants academic deficiencies, irrespective of the time such courses were taken.

SECTION 1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not fulfill the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in section 1426, may fulfill the additional education requirement.

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
SS 84-86 App 23 pgs. 1-7	X		
SS 84-86 App 23 pgs. 1-7	X		
SS 84-86 App 23 pg.3	X		
SS 84-87 App 23 pgs.1-7	X		
SS 84-86 App 23 pgs. 1-7	X		
SS 87-88 App 5, 12,27-29	X		Student volunteers will be eligible to serve on the program's two standing committees. Any student desiring to be a member of a particular committee may submit a written request to the PD/Chair. Student committee representatives will be excused from meeting discussions of a confidential nature. The program also provides a portal for student networking.
SS 87-88	X		
SS 87-88	X		
SS 87-88 App 5, 26-29	X		
SS 90-94 App 2, 3,4	X		
SS 90-94 App 2,3	X		
SS 91-94 App 2 BRN CRL/TCP forms	X		<p>LVN 30U/45U Option: Totals: 43.5 quarter units</p> <ul style="list-style-type: none"> • Physiology with lab (SC 2535) 6u • Microbiology with lab (SC2735) 6u • Nursing Roles I/II (N1210/2810) 4u • Adult Health II (N 2630) 8u • Mental Health (N 2740) 5u • Gero (N2747) 4.5u • Capstone (N2999) 10u

Associate Degree Nursing Program

APPROVAL CRITERIA

Nursing courses shall be taken in an approved nursing program, and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing.

The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.

VIII. TRANSFER AND CHALLENGE

SECTION 2786.6 The board shall deny the application for approval made by, and shall revoke the approval given to, any school of nursing which:

SECTION 2786.6(a) Does not give to student applicants credit, in the field of nursing, for previous education and the opportunity to obtain credit for other acquired knowledge by the use of challenge examinations or other methods of evaluation; or

SECTION 2786.6(b) Is operated by a community college and discriminates against an applicant for admission to a school solely on the grounds that the applicant is seeking to fulfill the units of nursing required by Section 2736.6.

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
SS 90-94 App 21	X		
SS App 18-21	X		Appropriate curriculum maps developed to reflect integration of the CA standards of competent in the nursing curriculum.
SS 94-96 App 2, 42-43	X		Policies are in place describing opportunities for challenge and credit for prior education and experience.
Not applicable			

Administration and Organization of the Nursing Program

SECTION 1424 (a) There shall be a written statement of philosophy and objectives which serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.

Nursing Program Mission, Philosophy and Objectives

The Mission and Philosophy of the Associate Nursing Program were developed to be in congruence with the ITT Technical Institute Mission as well as to be reflective of current frameworks for nursing education and evidence-based practice. The following table depicts congruence between the ITT Technical Institute and the Nursing Program mission statements:

ITT Technical Institute Mission	Associate Nursing Program Mission
Committed to quality education	Well-prepared entry-level generalist registered nurses who can provide competent care in a variety of ever-changing health care settings
Students of diverse backgrounds, interests, abilities	Education of individuals from diverse backgrounds
Integrate lifelong learning	Commitment to lifelong learning and community service
Traditional, applied and adult-learning pedagogies	Integration of theoretical concepts, values, and nursing knowledge in classroom learning activities and clinical experiences
Learner centered environment of mutual respect	Learner centered environment of mutual respect
Promote professional growth	Promotes individuals to grow intellectually and personally
Foster ethical responsibility	Individual accountability as a member of the nursing profession

The written mission, philosophy and framework of the Associate Degree in Nursing Program reflects the faculty beliefs concerning the concepts of nursing, person, environment, health and learning and is congruent with the ITT Technical Institute's Mission and Goals. The Nursing Program's Philosophy guided development of the major curricular concepts: Nursing Values; Nursing Process; Health Promotion and Maintenance; Nursing Roles; Therapeutic Communications Skills and Competent Nursing Care. From the curricular concepts, the program and course objectives were developed using current professional nursing practice and educational standards including the American Nurses Association's Code of Ethics for Nurses; The American Nurses Association's standards of nursing practice, the National League of Nursing's standards for nursing education, and California Board of Registered Nursing regulations.

Mission: Associate Degree in Nursing

The mission of the ITT Technical Institute's Associate Degree in Nursing Program is the education of individuals from diverse backgrounds to be well-prepared entry-level generalist registered nurses who can provide patient-centered evidence-based care in a variety of ever-changing health care settings. Within the program, a learner-centered environment of mutual respect promotes individuals to grow intellectually and personally through the integration of theoretical concepts, values and nursing knowledge in classroom learning activities and clinical experiences. Individual accountability as a member of the nursing profession and commitment to life-long learning and community service are graduate expectations.

Philosophy: Associate Degree in Nursing

The philosophy of the Associate Degree in Nursing Program represents the faculty's beliefs concerning the Nursing Paradigm: Nursing, Person, Environment, Health and Learning.

Nursing: Nursing is both an art and a science, the interactions of which make nursing unique. Nursing values guide the provision of compassionate nursing care in all settings. Nursing, as an evidenced-based practice, is organized and directed by the use of the Nursing Process, a critical thinking, problem solving, decision tool for directing competent nursing care. The goal of nursing care is health promotion and maintenance for optimal living. Nursing is dynamic and requires critical thinking, therapeutic communication skills and competent technical abilities in the application of evidence-based practice. Nursing knowledge has its foundations in concepts and principles from the humanities, and the social, behavioral, physical and biological sciences. Professional nursing care is guided by the American Nurses Association's Code of Ethics for Nurses, professional standards of practice and state and national regulatory standards.

Person: Individuals are unique, have innate value and are worthy of respect. All individuals have physical, psychological, social and spiritual needs through differing levels of growth and life span development. Each individual has rights, interests and goals which must be considered in care plan development and the provision of nursing care. Each person is part of a social structure, which may be a family, a group or a community.

Environment: The environment includes both external and internal elements. The external environment in which the individual functions includes family, groups and communities. Family consists of the individual's immediate support system. Physical aspects of shelter and food, along with economic, political, cultural and spiritual influences, are part of the external environment. By contrast, the internal environment includes the individual's unique life experiences and perceptions, including their spiritual and cultural beliefs. Physiologic processes affected by stress and adaptation are also part of the internal environment. Both the external and internal environments influence individual responses to nursing care.

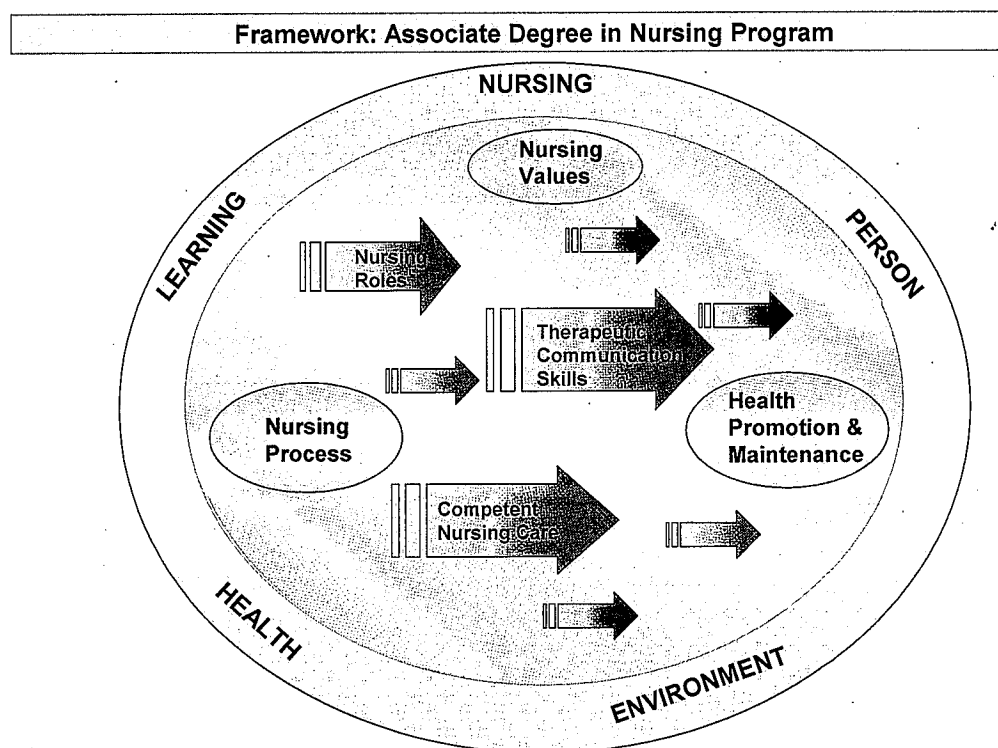
Health: Health is a dynamic state, defined by each person in relation to personal values, beliefs, feelings and needs. Health is on a continuum from wellness to illness to death, where health promotion and maintenance for optimal living are the goals of nursing care.

Learning: Learning is a life-long pursuit of the acquisition of knowledge and includes the development of critical thinking abilities, competent skill development and behavioral and attitudinal changes. Learning is influenced by individual experiences and previous knowledge attainment. Students are diverse individuals with differing learning needs and styles. The nurse educator provides an environment of mutual respect conducive to learning and serves as a facilitator and role model. This is accomplished through the establishment of clearly defined objectives, expectations and practice experiences, and through role socialization. The learning process includes effective teacher and learner communications and interactions where both have responsibilities for goal attainment.

Framework: Associate Degree in Nursing

Education in the Associate Degree in Nursing Program is achieved through a curriculum based on the program's Mission and Philosophy. The philosophical concepts of Nursing, Person, Environment, Health and Learning are organized within an eclectic framework. The framework includes the curricular components of Nursing Values, Nursing Process, Health Promotion and Maintenance, Nursing Roles, Therapeutic Communication Skills and Competent Nursing Care. The framework structures the curricular content, guides the selection of learning experiences and provides the basis for program as well as course objectives.

The curricular organizational framework includes both pervasive and progressive concepts. Pervasive concepts are introduced at the beginning of the curriculum and continue in all areas of the program. They are Nursing Values, Nursing Process, and Health Promotion and Maintenance. Progressive concepts build throughout the program from simple to complex. They are Nursing Roles, Therapeutic Communication Skills and Competent Nursing Care.



Nursing Values: Nursing values guide the provision of compassionate nursing care in all environments. Values include caring, human dignity, autonomy, integrity, accountability, advocacy and ethical behavior. Nursing values are inherent in the American Nurses Association's Code of Ethics for Nurses and professional standards of practice. Nursing values include the demonstration of caring behaviors, active participation in the profession and the interdisciplinary team, a commitment to life-long learning and involvement in community service. The nursing faculty member serves as a role model for the development and internalization of nursing values.

Nursing Process: Nursing process is a critical thinking, problem solving decision tool for directing competent nursing care in all settings. As part of the process, critical thinking is the development, execution and implementation of nursing judgments based on sound clinical reasoning. Those judgments

are demonstrated by analysis of assessment data, formulation of nursing diagnoses, establishment of goals, and the planning, implementation and evaluation of competent evidence-based nursing care.

Health Promotion and Maintenance: Health promotion and maintenance for optimal living is accomplished through healthy lifestyles implementation, illness prevention, disease management, pain alleviation and/or supporting a dignified death. Teaching individuals, families, groups and communities to promote and maintain health is a nursing responsibility and inherent in the development of continuity of care strategies.

Nursing Roles: Nursing roles are Provider of Care, Manager of Care, and Member of the Profession and the interdisciplinary team. These roles are interrelated and include components essential for entry-level registered nurses. The nurse as a provider of care begins by learning the fundamentals and skills of direct patient centered care. The individual then continues knowledge and skill acquisition in the provider role through the application of the nursing process with diverse patient populations from across the life span. Always within the provider role is the application of teaching-learning principles for health promotion and maintenance, incorporation of safety competencies to mitigate error, and continuous quality improvement.

The nurse, as a Manager of Care, coordinates health care interventions with members of an interdisciplinary team. The team includes not only the nurse but the patient, the patient's family and other health care providers. Within the role of Manager, the nurse delegate's routine technical functions to ancillary personnel but continues to assume patient care accountability and responsibility. Managing care involves collaboration, mutual respect and the efficient use of human, physical, financial and technological, and informatics resources to meet patient needs.

The nurse, as a Member of the Profession, demonstrates accountability and responsibility for competent nursing care and internalizes professional commitment. Life-long learning and professional development are expectations due to continually changing health care technologies and settings. Decisions are made and actions taken that are consistent with ethical, professional and regulatory standards.

Therapeutic Communication Skills: Communication in nursing is a process where information is exchanged and managed either verbally, nonverbally, in writing or through information technology. Therapeutic communication is a process where nurse-patient interactions promote coping and adaptation strategies, healthy interpersonal relationships and the development of new knowledge and skills. Communication techniques are used to collaborate with individuals, families, groups, communities and members of the interdisciplinary health care team in assessing, planning, implementing, evaluating and reporting nursing care.

Competent Nursing Care: Competent nursing care means the integration of essential knowledge, skills, techniques and judgments to safely and effectively function within the roles of the Associate Degree in Nursing graduate: that of Provider of Patient Care, Manager of Care and Member of the Profession. As an evidence-based practice, competent patient-centered nursing care requires the integration of theoretical knowledge and technical skill application. Competent nursing care is consistent with ethical, professional and regulatory standards.

Program Outcomes: Associate Degree in Nursing

The Associate Degree in Nursing Program outcomes flow from the Mission, Philosophy and Framework. First-Level outcomes are attained through the successful completion of five Nursing Program quarters. End-of-Program outcome attainment requires completion of all quarters of study. Concepts and principles from the humanities, and the social, behavioral, physical and biological sciences form the base for nursing knowledge. Nursing course content is presented in a simple to complex format and follows a

logical progression from the clinical nursing concepts and techniques courses to the capstone, complex care nursing course. Each course builds upon knowledge and skills attained from previous classroom, laboratory and clinical experiences. Associate Degree in Nursing education helps the individual prepare to be a nurse generalist in entry-level positions in a variety of health care settings. Associate Degree in Nursing education can be the basis for attainment of higher nursing degrees.

Upon completion of the First-Level of the Associate Degree in Nursing Program the student will:

1. Apply nursing knowledge and theoretical concepts and principles from the humanities, and the social, behavioral, physical and biological sciences in the implementation of competent evidence-based nursing care.
2. Examine nursing values within the roles of Provider of Care, Manager of Care and Member of the Profession to provide direct patient centered care across the life span.
3. Apply the Nursing Process in the implementation of competent nursing care.
4. Apply health promotion and maintenance concepts in all health care settings.
5. Utilize therapeutic communication skills and informatics in caring for individuals, families, groups and communities across the life span and as a member of the interdisciplinary team.
6. Demonstrate competent technical skills and safety competencies based on scientific rationales in the delivery of safe and effective nursing care.

Upon completion of the Associate Degree in Nursing Program (Level II) the graduate will be able to:

1. Integrate nursing knowledge and theoretical concepts and principles from the humanities, and the social, behavioral, physical and biological sciences in the implementation of competent evidence-based nursing care.
2. Integrate nursing values within the roles of Provider of Care, Manager of Care and Member of the Profession to provide direct patient centered care across the life span.
3. Incorporate the nursing process in the implementation of competent nursing care.
4. Implement health promotion and maintenance concepts in all health care settings.
5. Synthesize therapeutic communication skills and informatics in caring for individuals, families, groups and communities across the life span and as a member of the interdisciplinary team.
6. Implement competent technical skills and safety competencies based on scientific rationales in the delivery of safe and effective nursing care.

ITT Technical Institute-Rancho Cordova-Sacramento Campus

9 Quarter-ADN Program-Curriculum Plan

March 2011

1st Year

Quarter #1 (Sep 2011)

MA 1210 College Math	4.5
EN 1320 Composition I	4.5
AP 2535 A&P I	<u>6.0</u>
	15.0

Quarter #2 (Dec 2011)

PY3150 Psychology	4.5
AP 2635 A&P II	6.0
NU 1210 Nursing Roles I	2.0
NU 1220 Med Term/Dosage	<u>1.0</u>
	13.5

Quarter #3 (Mar 2012)

NU 1325 Clinical Conl	6.0
SC 2735 Micro	<u>6.0</u>
	12.0

Quarter #4 (Jun 2012)

NU 1420C Clinical Conc II	7.0
NU 1425 Pharmacology	<u>5.0</u>
	12.0

2nd Year

Quarter #5 (Sep 2012)

NU 2530 Adult Nurs I	8.0
SO 2550 Sociology	<u>4.5</u>
	12.5

Quarter #6 (Dec 2012)

NU 2630 Adult Nurs II	8.0
EN 1420 Composition II	<u>4.5</u>
	12.5

Quarter #7 (Mar 2013)

NU 2740 Mental Hlth Nurs	5.0
NU 2747 Gero Nurs	<u>4.5</u>
	9.5

Quarter #8 (Jun 2013)

NU 2840C Maternal/Child Nurs	8.0
NU 2810 Nurs Roles II	<u>2.0</u>
	10.0

3rd Year

Quarter #9 (Sep 2013)

NU 2999 Nurs Capstone	<u>10.0</u>
	10.0

Total Nursing Units= 66.5 units (39.5 NursTheory/27 NursClinical)

Content Required for Licensure and Graduation (ADN Degree) = 107 units

General Education Courses

AP2535 Human Anatomy and Physiology I

A 6.0 credit hour Science course (34 theory, 52 lab)

This course introduces students to anatomy and physiology of the human body using a systems approach, focusing on the integumentary system, bones and skeletal tissues, joints, muscles, the nervous system, special senses and the endocrine system. This course includes a laboratory component.

AP2635 Human Anatomy and Physiology II

A 6.0 credit hour Science course (34 theory, 52 lab)

Building upon Human Anatomy and Physiology I, this course focuses on the cardiovascular, lymphatic, respiratory, digestive, urinary and reproductive systems, as well as metabolism, acid-base balance, fluid and electrolyte balance and nutrition. This course includes a laboratory component. **Prerequisite:**

AP2535 Human Anatomy and Physiology I or equivalent

EN1320 Composition I

A 4.5 credit hour Composition course (34 theory, 22 lab)

This course examines phases of the writing process, with emphasis on the structure of writing and techniques for communicating clearly, precisely and persuasively. **Prerequisite: GS1145 Strategies for the Technical Professional or equivalent**

EN1420 Composition II

A 4.5 credit hour Composition course (45 theory)

This course builds on the foundations of Composition I with emphasis on rhetorical structures, argumentation and research. Students study how to make strong arguments using visual and oral communication techniques. **Prerequisite: EN1320 Composition I or equivalent**

MA1210 College Mathematics I

A 4.5 credit hour Mathematics course (45 theory)

This course focuses on fundamental mathematical concepts, including quadratic, polynomial and radical equations, linear functions and their graphs, systems of linear equations, functions and their properties, and triangles and trigonometric functions. Activities include solving problems and using appropriate technological tools. **Prerequisite: GS1140 Problem Solving Theory or equivalent**

PY3150 Psychology

A 4.5 credit hour Social Science course (45 theory)

This course explores psychological theories from behavioral, humanistic and biological viewpoints. Students apply skills of critical thinking, observation, information gathering and analysis to practice social science and scientific methodology. **Prerequisite: EN1320 Composition I or equivalent**

SC2735 Microbiology

A 6.0 credit hour Science course (34 theory, 52 lab)

This course introduces students to the microbial world, including the structure, functioning and diversity of microorganisms. This course includes a laboratory component.

SO2550 Sociology

A 4.5 credit hour Social Science course (45 theory)

This course introduces the theories and methods sociologists use to explain and predict the dynamics of the contemporary social world. Emphasis is on sociological perspective, culture, social inequality, social change and institutions. **Prerequisite: EN1320 Composition I or equivalent**

SC2535 Physiology [LVN 45-Unit Option only]

A 6.0 credit hour Science course (34 theory, 52 lab)

This course introduces the physiologic and structural alterations of normal body processes during pathologic conditions and diseases. This course includes a laboratory component.

Core Courses

NU1210 Nursing Roles I

2.0 credit hour course (20 theory)

This course offers a foundation upon which subsequent nursing courses are taught and serves as the transition course for Licensed Vocational Nurse (LVN) entry. Students will study concepts and principles related to, and the components of, the roles of the professional nurse (provider of care, manager of care and member of the nursing profession), competent evidence-based nursing practice, therapeutic communication, nursing values, health promotion and maintenance, and the nursing process, within the various health care delivery systems of acute, long-term and community environments. Strategies for success in the nursing program are presented. **Prerequisite or Corequisite: GS1145 Strategies for the Technical Professional or equivalent**

NU1220 Medical Terminology/Dosage Calculations

1.0 credit hour course (10 theory)

This course introduces medical terminology and builds on basic math concepts to introduce step-by-step approaches to the calculation and administration of drug dosages. The course incorporates the ratio and proportion, formula and dimensional analysis methods. Technology is used to present and reinforce application of content. **Prerequisite: MA1210 College Mathematics I or equivalent**

NU1325 Clinical Nursing Concepts and Techniques I

6.0 credit hour course (40 theory, 60 clinical)

This course builds on the concepts and principles in Nursing Roles I and introduces basic nursing skills and techniques based on the roles and values of nursing within a nursing process framework. Nursing skills are developed, applied and practiced in the nursing skills laboratory. Technology is used to reinforce application of content through patient care scenarios. **Prerequisites: MA1210 College Mathematics I or equivalent, EN1320 Composition I or equivalent, AP2635 Human Anatomy and Physiology II or equivalent, NU1210 Nursing Roles I or equivalent, NU1220 Medical Terminology/Dosage Calculations or equivalent; Prerequisite or Corequisite: SC2735 Microbiology or equivalent**

NU1420C Clinical Nursing Concepts and Techniques II

7.0 credit hour course (30 theory, 120 clinical)

This course builds on the concepts and principles in Nursing Roles I and Clinical Nursing Concepts and Techniques I. The course introduces intermediate nursing skills and techniques based on the roles and values of nursing within a nursing process framework. Nursing skills are developed and practiced in the nursing skills laboratory and expanded upon in a clinical setting. Technology is used to reinforce application of content. **Prerequisites: PY3150 Psychology or equivalent, NU1325 Clinical Nursing Concepts and Techniques I or equivalent; Prerequisite or Corequisite: NU1425 Pharmacology or equivalent**

NU1425 Pharmacology

5.0 credit hour course (50 theory)

This course introduces pharmacological principles, emphasizing actions, interactions and adverse effects using the nursing process framework to address nursing implications for each drug classification.

Prerequisite or Corequisite: NU1420C Clinical Nursing Concepts and Techniques II or equivalent

NU2530 Adult Nursing I

8.0 credit hour course (40 theory, 120 clinical)

This course introduces the principles of caring for selected adult patients with medical-surgical health care needs related to problems with mobility, gastrointestinal function, protection, excretion or reproduction. Evidence-based nursing care is focused on health promotion, maintenance, restoration of optimal living and/or supporting a dignified death. Nursing skills and techniques are developed and demonstrated when providing direct care in the clinical setting. Technology is used to reinforce course content. **Prerequisites:** NU1420C Clinical Nursing Concepts and Techniques II or equivalent;
Prerequisite or Corequisite: SO2550 Sociology or equivalent

NU2630 Adult Nursing II

8.0 credit hour course (40 theory, 120 clinical)

This course introduces principles of caring for selected adult patients with medical-surgical health care needs related to problems with oxygenation, cardiac output, tissue perfusion, neurological conditions, emergencies, burns or regulation and metabolism. Evidence-based nursing care is focused on health promotion, maintenance, restoration of optimal living and/or supporting a dignified death. Nursing skills and techniques are developed and demonstrated when providing direct care in the clinical setting. Technology is used to reinforce course content. **Prerequisite:** NU2530 Adult Nursing I or equivalent

NU2740 Mental Health Nursing

5.0 credit hour course (30 theory, 60 clinical)

This course introduces the principles of mental health and caring for patients experiencing problems of a psychological nature. Evidence-based nursing care is focused on health promotion, health maintenance and restoration of optimal living. Nursing skills and communication techniques are developed and demonstrated when providing direct care in the clinical setting. Technology is used to reinforce content taught in the course and to provide additional application of content through patient care scenarios.
Prerequisite: NU2630 Adult Nursing II or equivalent

NU2747 Gerontologic Nursing

4.5 credit hour course (25 theory, 60 clinical)

This course introduces general principles of caring for the older adult. It begins with an overview of wellness in the older adult, then looks at the physiological and psychological disorders common to this age group. Evidence-based nursing care is focused on health promotion, maintenance, restoration of optimal living and/or supporting a dignified death. Students are taught about special needs of this patient population while providing nursing care in a variety of settings. Technology is used to reinforce course content. **Prerequisite:** NU2630 Adult Nursing II or equivalent

NU2810 Nursing Roles II

2.0 credit hour course (20 theory)

This course explores advanced topics related to leadership and management principles, and issues applicable to the roles of the professional nurse as provider of care, manager of care and member of the profession. Transition from the role of student nurse to professional nurse is discussed. **Prerequisites:** NU2740 Mental Health Nursing or equivalent, NU2747 Gerontologic Nursing or equivalent;
Prerequisite or Corequisite: NU2840C Maternal Child Nursing or equivalent

NU2840C Maternal Child Nursing

8.0 credit hour course (45 theory, 105 clinical)

This course introduces principles of providing evidence-based nursing care for the childbearing family and for children. Care is focused on health promotion and maintenance, prevention of illness, restoration of optimal living and common health problems of the childbearing family and children. Nursing skills and communication techniques are developed and demonstrated in the nursing skills laboratory and when

providing direct care in the clinical setting. Technology is used to reinforce content taught in the course and to provide additional application of content through patient care scenarios. **Prerequisite: NU2630 Adult Nursing II or equivalent**

NU2999 Nursing Capstone

10.0 credit hours (45 theory, 165 clinical)

This course integrates the principles of evidence-based nursing practice into the care of patients with complex illnesses. The course focuses on demonstration of competencies consistent with program outcomes and development of management skill in caring for multiple patients. In preparing for the professional nurse role, nursing leadership principles, transition to practice, career planning and lifelong learning are explored. Students have the opportunity, in the nursing skills laboratory and clinical setting, to collaborate with faculty and a preceptor in practicing the professional nursing role. **Prerequisites: completion of all other courses in the program of study**

**REQUIRED CURRICULUM:
CONTENT REQUIRED FOR LICENSURE**

(916) 322-3350

Submit in **DUPLICATE**.

Program Name: ITT Technical Institute Associate Nursing Program- Rancho Cordova, Sacramento Campus	For Board Use Only Approved by: _____, NEC Date: _____ <input type="checkbox"/> BRN Copy <input type="checkbox"/> Program Copy
Type of Program: <input type="checkbox"/> Entry Level Master <input type="checkbox"/> Baccalaureate <input checked="" type="checkbox"/> Associate	
Requesting new Curriculum Approval: <input type="checkbox"/> Major <input type="checkbox"/> Minor Date of Implementation: Sept. 13, 2011	
Academic System: <input type="checkbox"/> Semester _____ weeks/semester <input checked="" type="checkbox"/> Quarter 12;11 weeks including finals week	

REQUIRED FOR LICENSURE AS STATED IN CCR SECTION 1426

	Semester Units	Quarter Units	Current BRN-Approved Curriculum	Proposed Curriculum Revision *Place asterisk next to proposed change
Nursing	36	54	66.5	
Theory	(18)	(27)	39.5	
Clinical	(18)	(27)	27	
Communication Units	6	9	9	
Science Units - College Math	16	24	31.5	
TOTAL UNITS FOR LICENSURE	58	87	107	
Other Degree Requirements			(see CRL units above)	
TOTAL UNITS FOR GRADUATION			107	

List the course number(s) and titles(s) in which content may be found for the following required content areas:

REQUIRED CONTENT	Course Number	Course Titles
Alcohol & chemical Dependency	NU1325, 2747, 2740, 2840C	Clinical Nursing Concepts and Techniques I, Gerontologic Nursing, Mental Health Nursing, Maternal/Child
Personal Hygiene	NU1325, 1420C, 2530, 2630, 2740, 2747, 2840C, 2999	Clinical Nursing Concepts and Techniques I& II, Adult Nursing I, Adult Nursing II, Mental Health Nursing, Gerontology, Maternal Child Nursing, Nursing Capstone
Human Sexuality	NU1325, 1420C, 2530, 2630, 2740, 2747, 2840C, 2999	Clinical Nursing Concepts and Techniques I& II, Adult Nursing I, Adult Nursing II, Mental Health Nursing, Gerontology, Maternal Child Nursing, Nursing Capstone

Client Abuse	NU1210, 1325, 1420C, 2530, 2630, 2740, 2747,2840C, 2999	Nursing Roles I, Clinical Nursing Concepts and Techniques I& II, Adult Nursing I, Adult Nursing II, Mental Health Nursing, Gerontology, Maternal Child Nursing, Nursing Capstone
Cultural Diversity	NU1210, 1325, 1420C, 2530, 2630, 2740, 2747,2840C, 2999	Nursing Roles I, Clinical Nursing Concepts and Techniques I& II, Adult Nursing I, Adult Nursing II, Mental Health Nursing, Gerontology, Maternal Child Nursing, Nursing Capstone
Nutrition	NU1325, 1420C, 2530, 2630, 2740, 2747,2840C, 2999	Clinical Nursing Concepts and Techniques I& II, Adult Nursing I, Adult Nursing II, Mental Health Nursing, Gerontology, Maternal Child Nursing, Nursing Capstone
Pharmacology	NU1220, 1320, 1420C, 1425, 2530, 2630, 2740, 2747,2840C, 2999	Med Terminology and Dosage Calculations, Clinical Nursing Concepts and Techniques I &II, Pharmacology, Adult Nursing I, Adult Nursing II, Mental Health Nursing, Gerontology, Maternal Child Nursing, Nursing Capstone
Legal Aspects	NU1210/2810, 1320, 1420C, 1425, 2530, 2630, 2740,2747,2840C 2999	Nursing Roles I/II, Clinical Nursing Concepts and Techniques I &II, Pharmacology, Adult Nursing I, Adult Nursing II, Mental Health Nursing, Gerontology, Maternal Child Nursing, Nursing Capstone
Social/Ethical Aspects	NU1210/2810, 1320, 1420C, 1425, 2530, 2630, 2740,2747,2840C 2999	Nursing Roles I/II, Clinical Nursing Concepts and Techniques I &II, Pharmacology, Adult Nursing I, Adult Nursing II, Mental Health Nursing, Gerontology, Maternal Child Nursing, Nursing Capstone
Management/Leadership	NU2810, 1320, 1420C, 1425, 2530, 2630, 2740,2747,2840C 2999	Nursing Roles II, Clinical Nursing Concepts and Techniques I &II, Pharmacology, Adult Nursing I, Adult Nursing II, Mental Health Nursing, Gerontology, Maternal Child Nursing, Nursing Capstone

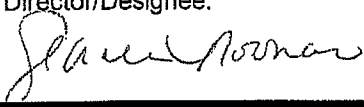
Information needed to evaluate transcripts of applicants for licensure (Section 1426, Chapter 14, Title 16 of the California Code of Regulations) is listed in the left column below. Indicate the name(s) and the number(s) of the course(s) which include this content.

REQUIRED CONTENT	Course Number	Course Title	Units
NURSING			
Medical-Surgical	NU1220, 1425, 1325, 1420C, 2530, 2630, 2999	Clinical Nursing Concepts/Techniques I/II, Adult Nursing I/II, Pharmacology, Medical Terminology/Dosage Calculations, Nursing Capstone	6.0, 7.0, 8.0, 8.0, 5.0, 1.0, 10.0 Total- 45
Obstetrical	NU2840C	Maternal Child Nursing	8.0
Pediatric	NU2840C	Maternal Child Nursing	(8.0) See above
Psych/Mental Health	NU2740	Mental Health Nursing	5.0
Geriatrics	NU2747	Gerontologic Nursing	4.5
	NU1210, 2810	Nursing Roles I/II	2.0, 2.0 Total- 4.0
BASIC SCIENCES			
Anatomy	AP2535, 2635	Human Anatomy and Physiology I and II with lab	6.0, 6.0 Total-12
Physiology	AP2535, 2635	Human Anatomy and Physiology I and II with lab	(6.0, 6.0) See above
Microbiology	SC2735	Microbiology with lab	6
Societal/Cultural Pattern	SO2550	Sociology	4.5
Psychology	PY3150	Psychology	4.5
College Math	MA1210	College Mathematics I	4.5
COMMUNICATION			
Group	SO2550, EN1420	Sociology, Composition II	(4.5, 4.5) See above/ below
Verbal	EN1320, 1420	Composition I and II	4.5, 4.5 Total- 9
Written	EN1320, 1420	Composition I and II	(4.5, 4.5) See above
* TOTAL UNITS			107

* The "TOTAL UNITS" should match "TOTAL UNITS FOR LICENSURE" on page 1.

LVN 30 UNIT OPTION

REQUIRED CONTENT	Course Number	Course Title	Units
NURSING			
Advanced Medical-Surgical	NU2630, 2999	Adult Nursing II, Nursing Capstone	8.0, 10.0 Total- 18
Psych/Mental Health	NU2750	Mental Health Nursing	5
Geriatrics	NU2747	Gerontologic Nursing	4.5

Management/Leadership	NU1210, 2810, 2999	Nursing Roles I, Nursing Roles II, Nursing Capstone	2.0, 2.0, (10.0) Total- 4.0 See above
BASIC SCIENCES			
Physiology	HS2535	Physiology	6
Microbiology	SC2735	Microbiology	6
TOTAL UNITS			43.5
Signature Program Director/Designee: 		Date: 4/4/11	

TOTAL CURRICULUM PLAN

(916) 322-3350

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Name of School: ITT Technical Institute												Date Submitted: 1/27/2011																																																																																																																																										
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* Number of weeks per semester / quarter

 ** Type in number weeks for each course, replacing "1"; do not type over "1" if there are extra lines and course is blank
 Fill in for each course: number for total units, lecture units, lab units / Do not type in where "0" appears

TOTAL CURRICULAM PLAN

(916) 322-3350

Submit in duplicate

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	M	S	O	C	P	G	**Wk:	Units	Hr/Wk	Units	Hr/Wk			Theory	Lab				
NU1420CClinConcll	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11	7	3	2.73	4	10.9	30	120					
NU1425Pharm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11	5	5	4.55		0	50	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
Total								12	8	7.28	4	10.9	80	120					
Quarter/Semester-- 5th Quarter-2nd Year												Total Units				Total Hours			
	M	S	O	C	P	G	**Wk:	Units	Hr/Wk	Units	Hr/Wk								
NU2530AdultNursl	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	8	4	3.64	4	10.9	40	120					
SOC2550	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	4.5	4.5	4.09		0	45	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
Total								12.5	8.5	7.73	4	10.9	85	120					
Quarter/Semester-6th Quarter- 2nd Year												Total Units				Total Hours			
	M	S	O	C	P	G	**Wk:	Units	Hr/Wk	Units	Hr/Wk								
NU2630AdultNursll	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	8	4	3.64	4	10.9	40	120					
EN1420Compll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	4.5	4.5	4.09		0	45	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
Total								12.5	8.5	7.73	4	10.9	85	120					

* Number of weeks per semester / quarter

 ** Type in number weeks for each course, replacing "1"; do not type over "1" if there are extra lines and course is blank
 Fill in for each course: number for total units, lecture units, lab units / Do not type in where "0" appears

TOTAL CURRICULUM PLAN-Page 2

(916) 322-3350

Submit in duplicate

Name of School: ITT Technical												Date Submitted: 01/27/1011							
Type of Program: <input type="checkbox"/> Entry Level Master <input type="checkbox"/> Baccalaureate <input checked="" type="checkbox"/> Associate Degree												For BRN Office Use Only <input type="checkbox"/> Approved <input type="checkbox"/> Not-Approved By _____ Date _____							
Revision: <input type="checkbox"/> Major <input type="checkbox"/> Minor						Effective Date: _____													
List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.																			
Check appropriate year: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4												Check: <input type="checkbox"/> Semester <input checked="" type="checkbox"/> Quarter		*Wk: 11					
												Theory		Lab		Total Hours			
Quarter/Semester-7th Quarter												Total Units	Units	Hr/Wk	Units	Hr/Wk	Theory	Lab	
	M	S	O	C	P	G	**Wk:												
NU2740MentHealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11	5	3	2.73	2	5.45	30	60					
NU2747 Gero	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	4.5	2.5	2.27	2	5.45	25	60					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
Total								9.5	5.5	5	4	10.9	55	120					
Quarter/Semester-8th Quarter																Total Hours			
	M	S	O	C	P	G	**Wk:												
NU2840CMat/Child	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	8	4.5	4.09	3.5	9.55	45	105					
NU2810 NursRolesII	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11	2	2	1.82		0	20	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
Total								10	6.5	5.91	3.5	9.55	65	105					
Quarter/Semester- 9th Quarter																Total Hours			
	M	S	O	C	P	G	**Wk:												
NU2999Capstone	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11	10	4.5	4.09	5.5	15	45	165					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0					
Total								10	4.5	4.09	5.5	15	45	165					

* Number of weeks per semester / quarter

 ** Type in number weeks for each course, replacing "1"; do not type over "1" if there are extra lines and course is blank
 Fill in for each course: number for total units, lecture units, lab units / Do not type in where "0" appears

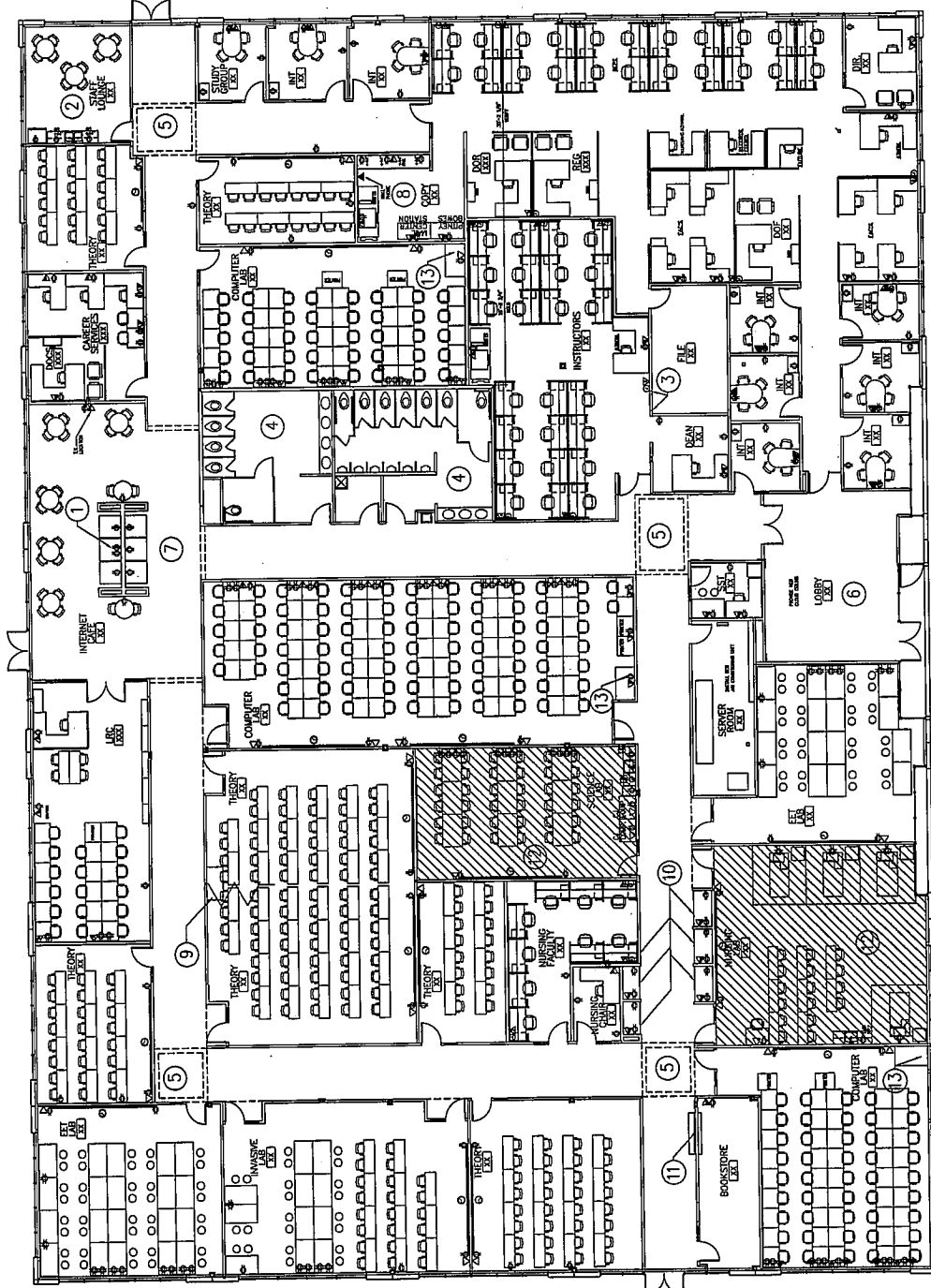
Start-Up Budget	Pre-Start 2010
Building Renovation	200,000
Office PCs	4,500
Other Furnishings	10,000
Labs and Equipment	124,000
Pre-Enrollment Operating Expenses	225,000
Total Start-up Costs (\$)	563,500

	Yr1	Yr2	Yr3	Yr4	Yr5
Revenue	1,573,656	4,023,259	5,701,940	5,901,508	6,108,061
Attrition	(35,890)	(44,173)	(44,173)	(44,173)	(44,173)
Operating Budget					
Compensation with Benefits	493,724	1,071,265	1,635,491	1,658,513	1,682,111
Instructional Expenses	142,171	242,429	284,628	284,628	284,628
Occupancy Expense	39,341	100,581	142,549	147,538	152,702
Depreciation & Amortization	31,300	31,300	31,300	26,300	26,300
Total Operating Costs	706,537	1,445,575	2,093,968	2,116,979	2,145,741

PLAN NOTES

1. PROVIDE RECESSED WATER LINE WITH T-VALVE.
2. PROVIDE NEW UPPER AND LOWER CABINETS, COUNTERTOPS, AND DOUBLE SINK WITH GARBAGE DISPOSAL.
3. PROVIDE 1-HR. RATED WALL SECTION.
4. PROVIDE ALL NEW RESTROOM FINISHES AND FIXTURES.
5. CORRIDOR INTERSECTION, SEE DETAIL IN SPECIFICATIONS.
6. PROVIDE NEW VARIOUS LEVEL CLOUD CEILING, COORDINATE DESIGN WITH ADAM KLEMMER AT ITT.
7. OPEN CEILING TO DECK. SEE SPECIFICATIONS FOR LIGHTING AND FINISHES.
8. PROVIDE NEW BASE CASES AND COUNTERTOP PER SPECIFICATIONS.
9. BASE BID TO INCLUDE REFINISHING EXISTING BI-FOLD WALL, PROVIDE ALTERNATE FOR NEW BI-FOLD WALL AS SPECIFIED.
10. NEW DISPLAY CABINETS, SEE SPECIFICATIONS.
11. PROVIDE NEW LAMINATE PASS-THRU PER SPECIFICATIONS.
12. EXISTING FINISHES & MILLWORK TO REMAIN.
13. RACK LOCATION.
14. PROVIDE ALL NEW INTERIOR DOORS AND HARDWARE PER SPECIFICATIONS. PAINT ALL DOOR FRAMES.
15. PROVIDE ALL NEW KICK PLATES ON DOORS PER SPECIFICATIONS.
16. VERIFY ALL EXISTING ELECTRICAL AND DATA LOCATIONS AND COORDINATE WITH LAYOUT SHOWN. PROVIDE NEW WHERE NECESSARY AND UTILIZE EXISTING WHERE POSSIBLE.
17. RELOCATE CLOCKS AS NECESSARY TO BE CENTERED ON THE WHITE BOARD. PATCH AND REPAIR WALL AS NECESSARY TO MATCH EXISTING. PROVIDE NEW CLOCKS WITH SPECIFIED CLOCKS.
18. ALL CLASSROOMS TO HAVE (3) CANNED LIGHTS PER HANGER BOND PER SPECIFICATIONS.
19. FILL GAPS IN EXTERIOR PAVEMENT AS NEEDED.
20. BASE BID PROVIDE 2X4 PARABOLIC FIXTURES IN CORRIDORS AND COMPUTER LABS. PROVIDE 2X2 PARABOLIC FIXTURES IN DIRECTOR'S OFFICE. PROVIDE ALL NEW CEILING GRILL.
21. PROVIDE ALL NEW CEILING TILES AND LIGHTING.
22. PAINT ALL WINDOW SILLS PER SPECIFICATIONS.
23. RELOCATE LIKE-NEW CONDITION MARKER BOARDS AND CLOCKS WHERE POSSIBLE. PROVIDE NEW WHERE NEEDED.
24. REPLACE ANY DAMAGED MARKER BOARDS.
25. REPLACE OR REPAIR ANY DAMAGED CEILING TILES TO MATCH EXISTING.
26. REPLACE OR REPAIR ALL DAMAGED MINI-BLINDS TO MATCH EXISTING.
27. REPAIR AND CLEAN CEILING GRID AS NECESSARY.
28. ALTERNATE: PROVIDE NEW PLASTIC LAMINATE VINYLWOOD SILLS PER SPECIFICATIONS.
29. ALTERNATE: PROVIDE ADDITIONAL AIR CONDITIONING UNIT TO SERVER ROOM.

RENOTES AREA NOT IN CONTRACT



1 FLOOR PLAN
SCALE 1/8" = 1'-0"

NURSING LABS:	1
THEORY ROOMS:	7
COMPUTER LABS:	3
SCIENCE LABS:	2
INVASIVE LABS:	1
TOTAL CLASSROOM SEATS:	519
TOTAL CLASSROOMS:	15
TOTAL INTERVIEW ROOMS:	10
TOTAL SEATS PER 1,000 SQ.FT.:	19.21

ITT Technical Institute- ADN Program
Rancho Cordova Campus
Proposed Clinical Facilities- April 2011

Facility	Current Schools	Days/Time # (students if available)	Units Utilized by current schools	ITT Proposal Days/Times #students	ITT Proposal Units to be utilized	Verification/Date Proposed Course(s) Use
Catholic Healthcare West Mercy San Juan ACUTE (all areas) Mercy General ACUTE (all areas)	American River Sacramento City College Sacramento State Samuel Merritt	Varies- CHW uses a clinical placement system- ITT will be included	M/S, Peds, OB, Gero, ICUs, ER, OR, PACU	*Varies- CHW uses a clinical placement system- ITT will be included * (10 students per cohort- 4 quarters per year)	ALL To include other facilities pending regional planning	S Myler 3/11 (Adult Nursing I & II, Capstone, Maternal/Child) Methodist Hospital ACUTE Pending finalization
**Sutter Health Sacramento/ Sierra Region Sutter Medical Center of Sacramento ACUTE (all areas- pending other facilities)	CSUS Samuel Merritt American River Sac City College Sierra College Solano Community College Napa Valley Twin Rivers (multiple other schools for Preceptor)	Varies- Sutter uses a clinical placement system- ITT will be included	M/S, Peds, OB, Psych, Gero, ICUs, ER, OR, PACU	*Varies- Sutter uses a clinical placement system- ITT will be included (10 students per cohort- 4 quarters per year)	All To include other facilities pending regional planning	K Jelten, RN, MBA 03/11 (pending BRN site visits) (Adult Nursing I & II, Gerontology, Capstone, Maternal/Child, Psych) Verification form provided- pending site finalization at Sutter Medical Center
Oak Valley Hospital- Oakdale (Acute/ Subacute)	University of Phoenix (RN) Modesto Junior College (RN)	Varies by 5 or 7 week rotation Year round M-T Days(Fall)	M/S Peds M/S Peds	*M-Sat Eve/Nocs Dependent upon UOP schedule (10 students per cohort- 4 quarters per year)	Med/Surg, ICU, ER, OB, PEDS, OR, PACU, clinics, subacute	S Spoelma, RN 12/10 (Clinical Concepts II, Adult Nursing I, Gerontology)

Facility	Current Schools	Days/Time # (students if available)	Units Utilized by current schools	ITT Proposal Days/Times #students	ITT Proposal Units to be utilized	Verification/Date Proposed Course(s) Use
Woodland Memorial-Woodland (Acute)	American River(RN) Yuba College (RN) CSUS (RN/EMT-P)	Varies (Fall/Spring) Varies (F/S) Varies (F/S)	Psych ED, M/S, ICU ED, M/S, ICU	*T-Sat PM/NOCS (10 students per cohort-4 quarters per year)	Med/Surg, OB, PEDS, Psych, ICU, ER, OR, PACU, clinics	H Mazeres, RN 12/10 (Clinical Concepts II, Adult Nursing I, Mental Health Nursing)
**Heritage Oaks-Sacramento (Acute Psych)	CSUS(RN) American River (RN) Sierra College (RN)	Varies F/S Varies F/S Varies F/S	Psych	TBD based on clinical placement consortium (10 students per cohort-4 quarters per year)	All	V Brammer, RN 12/10 (Mental Health Nursing)
Kindred Hospital-Folsom Acute Speciality	None	None	None	*Tues./Wed Day/Eve (10 students per cohort-4 quarters per year)	Med/Surg, ICU, OR	F Urban-Day, RN 1/11 (Adult Nursing I&II)
Courtyard-Davis (Subacute/LTC)	None	None	None	*Tues./Wed Day/Eve (10 students per cohort-4 quarters per year)	All- 2 wings	J Farris- Director 1/11 (Clinical Concepts I&II, Adult Nursing I, Gerontology)

Facility	Current Schools	Days/Time # (students if available)	Units Utilized by current schools	ITT Proposal Days/Times #students	ITT Proposal Units to be utilized	Verification/Date Proposed Course(s) Use
MeadowView Manor- Grass Valley (Subacute/LTC)	None	None	None	*Tues./Wed Day/Eve (10 students per cohort-4 quarters per year	All- 3 wings	J Bursey- Director 12/10 Clinical Concepts I & II, Adult Nursing I, Gerontology)
Delta Rehab-Lodi (Subacute-LTC)	University of Phoenix- (RN) Unitek- (LVN)	Varies (5 week rotations) Varies	All- 2 wings	TBD- at time of placement-ITT open to all shifts and days (10 students per cohort-4 quarters per year	All	S Ryan, RN 12/10 (Clinical Concepts I&II, Adult Nursing I, Gerontology)
Greater Sacramento Surgery Center- Sacramento Outpatient Surgery	None	None	None	*M-F Days (10 students per cohort-4 quarters per year	All (pre-op, intra-op, post-op)	N Nissen, RN 12/10 (Clinical Concepts I&II, Adult Nursing I)
SETA- Headstart- Sacramento (PEDS) Community Based	CSUS (RN & RD)	Varies (Fall) #1-2 Per site	Multiple centers M-F Days	*M-F Days 2-5 students per site	Multiple centers in cooperation with CSUS and Head Start	M Chavez, Director 1/11 (Maternal/Child)
Pediatric Services of America- Sacramento (Acute/ subacute PEDS) Community Based	None	None	None	*TBD- multiple shifts M-F 2-4 students in homes	Multiple home cases	D Scott, RN 3/11 (Maternal/Child)

Facility	Current Schools	Days/Time # (students if available)	Units Utilized by current schools	ITT Proposal Days/Times #students	ITT Proposal Units to be utilized	Verification/Date Proposed Course(s) Use
Easter Seals-Sacramento (Traumatic Brain Injury Day Unit) Community Based	None	None	None	*Tues/Wed Days 1-2 students	TBI (Traumatic Brain Injury) Day Unit	S Harris, RN 12/10 (Adult Nursing II)

***Days/shifts/times TBD at time of placement (clinical placements typically 10:1 student:faculty ratio, with 1-2 students in a community based or simulation experience**

**** Participates in Sacramento regional clinical placement system for clinical experiences- each entity has their own placement system- ITT has been included. These entities are also members of "Healthy Community Forum" and ITT has been included.**

*****ITT plans on first cohort to be placed in Maternal/Child rotations during the summer months of increased availability (June- Aug. 2013)**

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 13.5.1

DATE: June 15, 2011

ACTION REQUESTED: Feasibility Study Stanbridge College Associate Degree Nursing Program

REQUESTED BY: Catherine Toderro, PhD, RN, Chairperson
Education/Licensing Committee

BACKGROUND: Yasith Weerasuriya is Chief Executive Officer at Stanbridge College (SC). Mr. Weerasuriya is responsible for the development of the Stanbridge College Feasibility Study.

The Stanbridge College Feasibility Study dated October 5, 2010, is the first Feasibility Study submitted by the College. At the request of the BRN, additional information was received on December 3, 2010 and March 11, 2011.

The component parts of the Feasibility Study, which are required by the BRN, are as follows.

Description of the Institution

Stanbridge College is a privately owned, for-profit technical college located in Irvine, California. Stanbridge College was founded in June of 1996 as Executive 2000. Its name officially changed to Stanbridge College in August 2004. Stanbridge College has operated from its present location since September 1997.

Stanbridge College is currently approved by the Bureau of Private Postsecondary Education (BPPE) to offer four degree programs and three non-degree programs including a vocational nursing program. The degree programs are: AS Accounting; AS Information Technology; BS Accounting; BS Information Security; and, BA Liberal Studies. Stanbridge College's BPPE approval expires on April 1, 2014.

Stanbridge College is also approved to grant associate of science and baccalaureate of science degrees by the Accrediting Commission of Career Schools and Colleges (ACCS). This accreditation will expire April 1, 2014.

The vocational nursing program at Stanbridge College is accredited by the Bureau of Vocational Nursing & Psychiatric Technicians. This is a diploma program. In 2006, SC admitted its first class of vocational nursing students. Currently, there are 433 students enrolled in the full time and part time programs. From inception of the program to the present time, graduates of SC have excelled on the NCLEX-PN licensing exam with an average pass rate of 95.91% based on the 12 most recent reported testing quarters. Accreditation of SC's vocational nursing program by the BVNPT expires on September 7, 2014.

Geographic Area

Stanbridge College is located in Orange County, California. This is the area from which it draws most of its students in the VN program, as well as the area in which these graduates work.

The SC Feasibility Study includes an overview of demographics for the population of Orange County, plus a description of the health care needs.

Type of Program

The proposed program will be a generic Associate Degree Nursing program. Stanbridge College offers its programs on a year round basis – three 16-week semesters per year. The proposed program will be seven semesters in length (2 years plus 16 weeks).

Stanbridge College plans to admit 30 students three times per year beginning March 15, 2012. At that time these students will start the prerequisite nursing courses. This first student cohort will then begin its nursing courses March 15, 2013. When the program is at full enrollment, the maximum number of students who will be doing clinical rotations in given semester is 120 students.

Currently, there are 10 approved pre-licensure registered nursing programs in Orange County. Five of these programs are associate Degree, four BSN and one ELM program.

Curriculum

The proposed curriculum consists of 90 semester units for the ADN. There are 37 pre-nursing units. These include all the BRN required prerequisites and the College's GE requirements. There are a total of 53 required nursing units (35 nursing theory and 18 of clinical practice). The Feasibility Study includes a brief description of all the courses in the proposed ADN curriculum. SC plans to award an Associate of Science degree upon successful completion of the program.

Resources

Stanbridge College has numerous faculty teaching in its vocational nursing program who the College expects will be eligible to teach in the proposed ADN program. No individual qualifications were reviewed for director, faculty or content experts during the Feasibility Study phase of the BRN initial approval process. This activity occurs in the Self Study phase of the process.

At the start of the ADN program, SC projects needing four full time faculty. This includes the director and assistant director and one staff support person. By full enrollment, the College's anticipates having 17 full time faculty and 14 part time faculty. Budget projections to support this size faculty were included in the Feasibility Study.

Stanbridge College's recruitment strategy is twofold – referrals from current faculty members and advertisements in leading nursing publications. The College's pay scale is competitive with the local and regional market. The benefit package is also generous and in some areas exceeds that of other employers.

Stanbridge College has a full array of student support areas in place including Admissions, Financial Aid and Student Services, etc. The College is prepared to add additional staff in these areas to accommodate growth related to the new program.

Existing classrooms, skills lab, computer lab and library will meet the immediate needs of the proposed program. Skills lab and the library are being enhanced to meet the learning needs of RN students. The director and assistant director offices, cubicles for the faculty and a conference room for faculty and students are also ready for occupancy.

Budget

In preparing to implement the program, Stanbridge College has made a substantial financial commitment. To date, Stanbridge College has expended just over \$500,000 for development of the nursing program. An additional one million dollars has been designated as start-up funds to support the ADN program during the first three years of its implementation.

It is anticipated that the program will be completely tuition funded by 2013. Nevertheless, SC intends to retain a reserve funding of \$500,000 per year even after tuition from enrollments is sufficient to support the program. In this way, the College will be prepared for any contingencies that may occur and quality education will not be interrupted. A budget projection for the first five years of the program was provided in the Feasibility Study.

Clinical Placements

The Stanbridge College Feasibility Study documents a total of 10 clinical placements. There are signed Facility Verification Forms from the following facilities.

West Anaheim Medical Center
HealthBridge Children's Hospital
La Palma Intercommunity Hospital
Mesa Verde Convalescent Hospital
French Park Care Center
Bellflower Medical Center
The Earlwood Care Center (Torrance, CA)
Western Medical Center Santa Ana
Garden Grove Hospital
Promise Hospital of East Los Angeles

These forms demonstrate availability of clinical placements in all BRN required clinical areas (MS, OB, Peds, Psych and Geri). In addition, there are acute care experiences in all these areas. The program plans a faculty to student ratio in the clinical area of one to ten.

Stanbridge College is a member of the Orange County-Long Beach Consortium for clinical placement. And will work through this group to secure clinical placements following BRN approval of its ADN program.

Conclusion

The Stanbridge College Feasibility Study meets all the BRN Feasibility Study requirements.

NEXT STEPS: Notify the program of Board Action.

**FINANCIAL IMPLICATION(S),
IF ANY:** None

**PERSON(S) TO
CONTACT:** Carol Mackay, Nurse Education Consultant
(760) 583-7844

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 13.5.2

DATE: June 15, 2011

ACTION REQUESTED: Feasibility Study Weimar College Associate Degree Nursing Program

REQUESTED BY: Catherine Todero, PhD, RN, Chairperson
Education/Licensing Committee

BACKGROUND:

Josephine Jacavone Kelley, RN, MS, CNS, CCRN, is Director of the Pre-Nursing Program at Weimar College. Ms. Kelley is responsible for the development of the Weimar College Feasibility Study.

The Weimar College Feasibility Study dated January 10, 2011, is the first Feasibility Study submitted by the College. At the request of the BRN, additional information was received for the Feasibility Study on March 9, 2011.

The component parts of the Feasibility Study, which are required by the BRN, are as follows.

Description of the Institution

Weimar College is a private, non-profit, faith based institution and entity of Weimar Center of Health and Education which is affiliated with the Seventh-day Adventist (SDA) Church. Weimar College traces its history to the late 1970's when an abandoned tuberculosis center was purchased in Weimar, California (near Auburn) to house the Center. The College opened in 1978 and through June 2008 has awarded 348 Baccalaureate and Associate degrees.

Weimar College is approved by the Bureau of Private Postsecondary Education (BPPE) to offer six degree programs, four non-degree programs and three registered programs. The degree programs are: AS General Studies; AS Health Science; BA English Language; BA Liberal studies; BA Pastoral Ministry; and, BS Health. Weimar College's BPPE approval expires on June 29, 2012.

Weimar College recognizes the importance of the transfer of credit units between universities. The President and Board of Weimar Center for Health and Education are strongly committed to obtaining WASC accreditation. The application process commenced on November 29, 2010 with the submission of the "Notification of Intent to Apply" and the \$10,000 eligibility fee. The Weimar College WASC task force continues to work on this project.

Currently, two Adventist universities (Southern Adventist University in Tennessee and Andrews University in Michigan) accept Weimar College credit units. Both of these universities have BSN and graduate level nursing programs. Further, these two universities are part of the North American Division (NAD) of the Adventist Church which consists of 10 accredited SDA universities. A task force has been established in the NAD to explore mechanisms of transfer of units from Weimar College to all ten universities.

In Fall 2010, Weimar College had a small student body of 50 enrolled full time students. In February 2011, there were a total of 22 students enrolled in health related programs; seven in Pre-Nursing, 10 in Pre-Medicine, and 5 in Massage and Natural Remedies. To date, there have been no graduates from the Pre-Nursing or Pre-Medicine programs, as both of these programs began in Fall semester 2009. There are eight graduates of the Massage and Natural Remedies certificate program. From 2/10/2001 to 11/3/2009, 75% of these graduates passed the National Certification Exam for Therapeutic Massage and

Bodywork.

Geographic Area

Weimar College intends to service not only its immediate geographic area of Placer County, but also the National and International community in accord with the Seventh-day Adventist mission of humanitarian service. The Weimar College Feasibility Study includes a demographic overview of the population in Placer County, as well as a description of their health care needs.

Type of Program

The proposed program will be a generic Associate Degree Nursing program. Graduates of the program will be awarded an Associate of Science Degree in Nursing.

The course of instruction will be presented in semester units. Summer terms will be included in both the pre-nursing and nursing courses. The proposed program extends over two calendar years, plus one semester. (A total of five semesters and two summer terms.)

Weimar College plans to admit its first cohort of 24 students to the nursing courses on August 13, 2012. (These students will begin the already approved Pre-Nursing program in Fall semester 2011.) The College plans to admit 24 students every Fall semester thereafter.

The applicant pool for the proposed program includes young people who are dedicated to the mission and vision of the college. Currently, students are recruited to Weimar College from privately funded high schools operated by the Seventh-day Adventists throughout the US, Canada, Central and South America.

Weimar college is located approximately 50 miles from Sacramento where there are five pre-licensure nursing programs located. Four of these programs are at the Associate Degree level, and one is a BSN program.

The proposed nursing program will be promoted in many of the same venues where the College is currently being advanced: visits to high schools, the College's monthly news letter, and the college web site. Weimar college also recruits at a national conference (Seventh-day Adventist Generation of Youth for Christ) attended by over 5000 young people.

Curriculum (Please see attachments)

The proposed curriculum consists of 82-85 semester units for the ADN. There are 36-39 pre-nursing units and a total of 46 required nursing units (25 nursing theory and 21 clinical practice).

Weimar College already offers all the BRN prerequisite courses with the exception of general sociology which it will add to the curriculum Fall semester 2011.

Resources

Weimar College anticipates appointing the director of its Pre-Nursing program as Director of the ADN program. At maximum enrollment of 48 students, the College projects needing three full time (this includes the director and assistant director) and five part time faculty members with one staff person to support the program.

The College plans to enhance many of its existing resources to meet the needs of the new program. Currently, the computer lab has eight computers and the library has four computers for student use. In preparation for the nursing program, funds have been allocated to purchase 10 additional computers and software packages specifically for the nursing program. Regarding the library, plans are ongoing on the campus to develop the library as a learning center rather than a volume holdings resource. For the proposed ADN program, the focus is on securing health related data bases and electronic subscriptions and books.

Classroom, office and simulation space have all been designated for the proposed program. Four

simulation areas/mannequins are planned. The proposed renovation is scheduled to begin in April 2011 with completion by August 2011.

Budget

To date, Weimar College has expended \$20,000 on development of the nursing program. An additional \$400,000 from the Weimar college general fund has been allocated for ADN program development. Budget projections for the first three years of the program were provided.

Clinical Placements

Securing clinical placements has been a major challenge for Weimar College. Initially, efforts to secure clinical placements in acute care facilities in Placer County were unsuccessful. Next the program contacted Seventh-day Adventist facilities in Northern California with a positive response. Due to the distance of these clinical facilities from the main campus, intensive theory sessions will be immediately followed by intensive clinical experiences within the same semester. Summer sessions are planned for clinical experiences most difficult to secure placements. The program plans to obtain lodging for students to reduce the amount of travel required.

The Board has received several letters from Board approved nursing programs currently using these facilities expressing their concern that a nursing program from out-of-the-area will be using the clinical facility. The Board recognizes decisions regarding clinical placements for new programs rest with the clinical facility. However, the Board wishes to aware of any issues when reviewing Feasibility Studies.

Weimar College has signed Facility Verification Forms from the following clinical settings.

Feather River Hospital
St. Helena Hospital
Sonora Regional Medical Center
Ukiah Medical Center
Beautiful Minds
Placer Community Action Council Head Start/Early Head Start
Horizon West Auburn Ridge Health Care
Sierra Nevada Memorial Hospital

There are two main areas of concern related to clinical placements. At this time, Weimar College has some acute care experiences in OB, but not enough to support an average size clinical group. And, to date, all secured pediatric experiences are community based.

During the self study phase of the initial approval process, clinical rotations in all the BRN required clinical areas must be secured.

The Weimar College Feasibility Study meets all the BRN Feasibility Study requirements.

NEXT STEPS: Notify the program of Board Action.

**FINANCIAL IMPLICATION(S),
IF ANY:** None

**PERSON(S) TO
CONTACT:** Carol Mackay, NEC
(760) 583-7844



May 26, 2011

California Board of Registered Nurses
PO Box 944210
Sacramento, California 94244

To Whom It May Concern:

Weimar College has a clinical facility agreement with St. Helena Hospital. In addition, Pacific Union College and Napa Valley College, two BRN approved nursing programs, use St. Helena Hospital as a clinical site in the following units: medical-surgical; heart and vascular unit; obstetrics; orthopedics; OR; ED; and ICU.

St. Helena Hospital is located in the Napa Valley and is a 151 bed full service community hospital offering the latest in state-of-the-art medical, surgical and diagnostic services. It serves as a regional center for cardiac services, outpatient surgery, obstetrics, occupational medicine, pain rehabilitation, plastic and reconstructive surgery, sleep diagnostics and home care services.

St. Helena's cardiovascular lab performs percutaneous coronary interventions such as stent placement. Other cardiovascular services include coronary artery bypass graft surgery, MAZE surgery, thoracic aneurysm repair, cardiac valve replacement and repair, and other cardiovascular surgeries and procedures. St. Helena was named a "Coronary Artery Bypass Graft Center of Excellence" by Blue Cross of California.

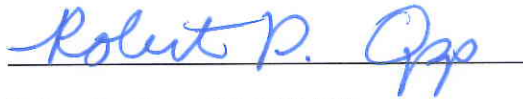
St. Helena Hospital has a 12 bed adult intensive care unit that admits the following types of patients: post-op cardiac surgery; thoracic and abdominal aortic aneurysm repair; endovascular aneurysm repair; respiratory failure requiring ventilator management; sepsis and severe sepsis; multi-organ system failure; complicated post-operative orthopedic, gastrointestinal and general surgery patients; diabetic ketoacidosis; stroke requiring TPA; and other critical diagnoses.

Nursing students may observe and/or participate in the following skills while completing their clinical rotation at St. Helena Hospital (please note this is not an exhaustive list): intra-aortic balloon pump management; arterial pressure monitoring; central line management; central venous pressure monitoring; fetal monitoring; titration of vasoactive and antiarrhythmic IV medications; temporary epicardial and intravenous pacemaker management; pulmonary artery pressure and pulmonary artery wedge pressure monitoring; total parenteral nutrition (TPN) administration; ventilator management; hemodialysis and therapeutic hypothermia after cardiac arrest.

The ICU and Emergency department RNs have certification in emergency nursing, critical care nursing, pediatric advanced life support, advanced cardiovascular life support, and/or trauma nurse core course. We also have nurses certified in Wound Care; Oncology; Chemotherapy and Orthopedics.

We also have the distinction of having the highest Medicare Case Mix Index (CMI) of any Adventist Health Hospital. Our year to date Acute Inpatient CMI is 1.94.

Please don't hesitate to contact me if you have any questions or would like more information about St. Helena Hospital.



Robert D. Opp RN, MSHCA

Administrative Director of Nursing Services

St. Helena Hospital

10 Woodland Ave

St. Helena, CA 94574

(707) 963-6278

WEIMAR COLLEGE SEQUENCE OF PRE-NURSING AND NURSING COURSES

TABLE I SEQUENCE OF PRE-NURSING COURSES

COURSE	SEMESTER UNITS
Fall Semester	
Biology 121 Anatomy and Physiology I & Lab	4
English 101 College English I	3
Biology 221 Microbiology & Lab	4
Math 121 College Algebra (or High School Algebra accepted)	(3)
Religion elective course	3
TOTAL CREDITS FALL SEMESTER	14 – (17)
Spring Semester	
Biology 122 Anatomy and Physiology II & Lab	4
Chemistry 111 Survey of Chemistry	3
Communication 202 Speech Communication	3
Nutrition 214 Human Nutrition	3
Health Education 124 Principles of Health	3
TOTAL CREDITS SPRING SEMESTER	16
Summer Term	
Introduction to Sociology	3
Psychology 101 General Psychology	3
TOTAL CREDITS SUMMER TERM	6
TOTAL PRE-NURSING CREDITS	36 - 39

TABLE II: SEQUENCE OF ASSOCIATE DEGREE NURSING COURSES

<u>1st SEMESTER FALL</u>	
NURS 120 – Fundamentals of Nursing	4.5 Units
2.5 Units Theory	
2.0 Units Clinical	
NURS 121 – Beginning Medical Surgical Nursing I	4.5 Units
2.5 Units Theory	
2.0 Units Clinical	
NURS 122 – Pharmacology	3.0 Units
3.0 Units Theory	
<u>2nd SEMESTER SPRING</u>	
NURS 123 – Intermediate Medical Surgical Nursing II	4.5 Units
2.5 Units Theory	
2.0 Units Clinical	
NURS 124 – Obstetrics – Maternity Nursing	3.0 Units
1.5 Units Theory	
1.5 Units Clinical	
NURS 125 – Mental Health – Psychiatric Nursing	3.5 Units
2.0 Units Theory	
1.5 Units Clinical	
<u>3rd SEMESTER SUMMER</u>	
NURS 126 Intermediate Medical Surgical Nursing III	5.5 Units
2.5 Units Theory	
3.0 Units Clinical	
NURS 127 Pediatric Nursing	3.5 Units
1.5 Units Theory	
2.0 Units Clinical	
NURS 128 Health Promotion/Complementary & Alternative Nursing I	2.5 Units
1.5 Units Theory	
1.0 Units Clinical	
<u>4th SEMESTER FALL</u>	
NURS 129 Advanced Medical Surgical Nursing IV	7.0 Units
3.0 Units Theory	
4.0 Units Clinical	
NURS 130 Gerontology – Community Nursing	2.0 Units
1.0 Unit Theory	
1.0 Unit Clinical	

NURS 131 Health Promotion/Complementary & Alternative Nursing II	2.5 Units
1.5 Units Theory	
1.0 Units Clinical	
TOTAL NURS THEORY SEMESTER UNITS	25 Units
TOTAL NURS CLINICAL SEMESTER UNITS	21 Units
TOTAL NURS SEMESTER UNITS	46 Units
TOTAL PREREQUISITE & NURS SEMESTER UNITS	82- 85 Units

WEIMAR COLLEGE
DEPARTMENT OF NURSING
ASSOCIATE DEGREE PROGRAM COURSE DESCRIPTIONS

NURSING 120 FUNDAMENTALS OF NURSING

Course Credit: 4.5 Credits (2.5 credits theory/ 2.0 credits clinical)

Course Prerequisite: Acceptance in the Associate Degree Nursing Program

Total lecture 45 hours, total laboratory 108 hours. This course introduces the concepts of the professional nurse, nursing skills within a nursing process context, beginning leadership, health care environment, growth and development across the lifespan, basic physiologic and human needs in health and illness, and providing a safe environment. Beginning critical thinking skills are emphasized, within the framework of the nursing process. Clinical experiences are provided with adult patients who have uncomplicated health problems with predictable clinical outcomes.

NURSING 121 BEGINNING MEDICAL SURGICAL NURSING I

Course Credit: 4.5 Credits (2.5 credits theory/2.0 credits clinical)

Course Prerequisite: Acceptance in the Associate Degree Nursing Program

Total lecture 45 hours, total laboratory 108 hours. This course is an introduction to medical surgical nursing concepts including the nursing process in the care of adult patients across the lifespan. Multidisciplinary team roles and responsibilities are considered in the context of delivering safe, high quality health care. Cultural, ethical, legal and health care delivery issues are explored through case scenarios and clinical practice. Clinical experiences are provided with adult patients who have uncomplicated health problems with predictable clinical outcomes.

NURSING 122 PHARMACOLOGY

Course Credit: 3.0 Credits

Course Prerequisite: Acceptance in the Associate Degree Nursing Program

Total lecture 54 hours. This course provides the foundational knowledge base related to pharmacology in nursing. Students learn to make clinical decisions pertaining to drugs using current, reliable sources of information. Fundamental principles of pharmacokinetics, pharmacodynamics, developmental physiologic considerations, evaluation of the effectiveness of drug therapy, patient education, and interventions to increase therapeutic benefits and reduce potential adverse effects are covered. The drug classifications most commonly used in acute care clinical practice are presented. Basic mathematical calculations related to medication administration are introduced.

NURSING 123 INTERMEDIATE MEDICAL SURGICAL NURSING II

Course Credit: 4.5 Credits (2.5 credits theory/ 2.0 credits clinical)

Course Prerequisites: Appropriate standing in the Associate Degree Nursing Program

Total lecture 45 hours, total laboratory 108 hours. This course focuses on the development of the knowledge base and skills, within a nursing process framework, to care for adult medical-surgical patients, in a variety of settings, who have higher acuity and more complex nursing needs. Concepts related to physical, emotional, spiritual, social, and cultural needs are covered. Ethical issues related to advocacy, self-determination, and autonomy are explored. Clinical experiences focus on clinical decision making and patient care management, including prioritization of care and the development of psychomotor nursing skills. Communication and collaboration as a member of an interdisciplinary team are integrated in both theory and clinical components.

NURSING 124 OBSTETRICS-MATERNITY NURSING

Course Credit: 3.0 Credits (1.5 credits theory/1.5 credits clinical)

Course Prerequisites: Appropriate standing in the Associate Degree Nursing Program

Total lecture 27 hours, total laboratory 81 hours. This course provides a foundation for theoretical and technical knowledge in the nursing care of family centered childbirth. Parent/newborn health care needs are addressed from a nursing process framework for the antepartum, intrapartum, postpartum and neonatal client. Additionally women's health topics are covered. Clinical experiences in the nursing management of women, childbearing families, and newborns across the continuum of wellness and illness emphasize clinical judgment, patient care management, prioritization of care, and development of psychomotor skills.

NURSING 125 MENTAL HEALTH- PSYCHIATRIC NURSING

Course Credit: 3.5 Credits (2.0 credits theory/1.5 credits clinical)

Course Prerequisites: Appropriate standing in the Associate Degree Nursing Program

Total lecture 36 hours, total laboratory 81 hours. This course provides an introduction to Psychiatric Mental Health Nursing, using the nursing process as a framework. Topics include the promotion of psychosocial integrity within the context of the health illness continuum for individuals and families across the life span. Emphasis is on nursing therapeutic interactions and communication. Clinical experiences will provide opportunities for students to participate in therapeutic activities in a variety of mental health settings.

NURSING 126 INTERMEDIATE MEDICAL SURGICAL NURSING III

Course Credit: 5.5 Credits (2.5 credits theory/3.0 credits clinical)

Course Prerequisites: Appropriate standing in the Associate Degree Nursing Program

Total lecture 45 hours, total laboratory 162 hours. This course focuses on the application of previous foundational knowledge and acquiring more in depth knowledge for adult clients across the lifespan who have more complex disease states. Topics such as evidence based practice, leadership, critical thinking, and safety are presented within a nursing process context. Clinical experiences are provided with adult patients who have increasingly complex conditions.

NURSING 127 PEDIATRIC NURSING

Course Credit: 3.5 Credits (1.5 credits theory/2.0 credits clinical)

Course Prerequisites: Appropriate standing in the Associate Degree Nursing Program

Total lecture 27 hours, total laboratory 108 hours. This course focuses on nursing management of infants, children, and adolescents with acute, chronic and/or life-threatening conditions and the impact on the family. Nursing care based on a developmental perspective is outlined. Socio-cultural influences on the family, childrearing, and care of chronically or acutely ill infants, children, and adolescents are incorporated. Clinical experience in the nursing management of childrearing families, infants, children, and adolescents across the continuum of health and illness is provided.

NURSING 128 HEALTH PROMOTION/ALTERNATIVE & COMPLEMENTARY NURSING I

Course Credit: 2.5 Credits (1.5 credits theory/ 1.0 credit clinical)

Course Prerequisites: Appropriate standing in the Associate Degree Nursing Program

Total lecture 27 hours, total laboratory 54 hours. This first course of a two part sequence will introduce the philosophical differences between the treatment modalities found in modern, western healthcare in comparison to other belief systems and cultures accepted throughout the world. A variety of evidence based complementary and alternative nursing interventions are discussed with a focus on lifestyle practices, spiritual care, massage therapy, hydrotherapy, herbology and nutraceuticals. Clinical practicum will occur in the Weimar Center of Health and Education NEWSTART Lifestyle Center.

NURSING 129 ADVANCED MEDICAL SURGICAL NURSING IV

Course Credit: 7 Credits (3.0 credits theory/4.0 credits clinical)

Course Prerequisites: Appropriate standing in the Associate Degree Nursing Program

Total lecture 54 hours, total laboratory 216 hours. This capstone course focuses on the integration, analysis, and synthesis of the knowledge, skills and principles of evidence-based nursing practice. The nursing process is used as the framework in the care of adult patients with complex and diverse critical and acute conditions, clinical outcomes, and nursing diagnoses. Clinical experiences emphasize refinement of clinical judgment, formulating and revising priorities of care, psychomotor skills, and patient care management. Advanced topics in leadership and management principles are covered with relation to the roles of the professional nurse as manager and coordinator of care and member of the profession.

NURSING 130 GERONTOLOGY-COMMUNITY NURSING

Course Credit: 2 Credits (1.0 credit theory/1.0 credit clinical)

Course Prerequisites: Appropriate standing in the Associate Degree Nursing Program

Total lecture 18 hours, total laboratory 54 hours. This course integrates previous medical surgical knowledge and nursing leadership skills as it applies to the aging adult. A nursing process framework is applied in the assessment of physiological changes that occur with aging; facilitation of access to community health resources and referrals; and the development of outcome criteria for evaluating the aging adult's response to teaching/learning. Clinical experiences will provide a forum for application of interventions that optimize the older adult's functional ability. Evidence-based nursing care is focused on health promotion and maintenance of health status; restoration of optimal health; and/or promoting a dignified death. The specialized needs of the elderly in maintaining optimal health are examined.

NURSING 131 HEALTH PROMOTION/ALTERNATIVE AND COMPLEMENTARY NURSING II

Course Credit: 2.5 Credits (1.5 credits theory/1.0 credit clinical)

Course Prerequisites: Nursing 128 and appropriate standing in the Associate Degree Nursing Program

Total lecture 27 hours, total laboratory 54 hours. This course builds upon *Nursing 128, Health Promotion/ Alternative and Complementary Nursing I*. Current research which supports the rationale for health promotion strategies and alternative and complementary nursing interventions will be examined. Further exploration of evidence based complementary and alternative nursing interventions are examined with a focus on lifestyle practices, spiritual care, massage therapy, hydrotherapy, herbology and nutraceuticals. Clinical practicum will occur in the Weimar Center of Health and Education NEWSTART Lifestyle Center.

WEIMAR COLLEGE
PRE-NURSING COURSES

(Listed in alphabetical order)

BIOLOGY 121/ 121A ANATOMY AND PHYSIOLOGY AND LAB

4 semester units

This course is the first semester of a two-semester sequence dealing with the structure and function of the human body and mechanisms for maintaining homeostasis. It includes the study of cells, tissues, and the integumentary, skeletal, muscular and nervous systems.

BIOLOGY 122/122A ANATOMY AND PHYSIOLOGY AND LAB

4 semester units

This course is a continuation of the study of the structure and function of the human body and the mechanisms for maintaining homeostasis. The neurological (including sensory organs), endocrine, cardiovascular, lymphatic, respiratory, digestive, urinary and reproductive systems, as well as the concepts of growth and development, metabolism, fluid and electrolyte balance, acid-base balance, and genetics are included. Prerequisite: BIOL 121

BIOLOGY 221/223A INTRODUCTORY MICROBIOLOGY AND LAB

4 semester units

This course covers the history of microbiology, pathogenic and nonpathogenic organisms, and the gram method of staining, bacilli and cocci. Spirochetes and spirilla, acid-fast bacteria, submicroscopic bacteria, viruses, including HIV and Rickettsiae, mycoplasmas, and Chlamydiae are also reviewed. Mycology including systemic and superficial mycoses and other fungi of medical significance are included. An introduction to parasitology is provided, including protozoa, trematodes, nematodes, and cestodes along with malaria and other insect-borne parasites.

CHEMISTRY 221/221a SURVEY OF CHEMISTRY

3 semester units

This is a survey of chemistry course that covers the basic principles of general chemistry. The primary topics presented are measurement, dimensional analysis, general principles of atomic structure, states of matter, nomenclature, bonding, reactions, properties of solutions, acids, bases, pH, and equilibria as required for a basic understanding of physiological applications. Prerequisite: Math 121 or proficiency in algebra.

COMMUNICATION 202 SPEECH COMMUNICATION

3 semester units

This course is a study and practice of oral communication as it is commonly experienced in our society in both interpersonal and public settings. A variety of practical experiences in public speaking is provided including interpersonal, small group and public speech exercises. The course explores Biblical principles in communication.

ENGLISH 101 COLLEGE ENGLISH I

3 semester units

This course is an introduction to written composition where the student explores the writing process from experience and reflection to drafting and revision. Emphasis is on short essay writing based on memory, observation, and reading. Learning how to integrate sources is also a primary focus of the class. Prerequisites: For those whose native language is English: A score of 16 or higher on the ACT English Assessment (or above 400 on the SAT verbal). Prerequisite for students whose native language is not English: An overall average of 550 on TOEFL (paper-based test); computer-based test 213; internet based test (iBT) 79.

HEALTH EDUCATION 124 PRINCIPLES OF HEALTH

3 semester units

This course provides an overview of the basic principles of healthful lifestyle practices which foster total health (physical, mental and spiritual) promotion and the prevention of alterations in health and disease processes. An evidence based approach is used providing scientific rationale for healthful lifestyle practices.

NUTRITION 214 HUMAN NUTRITION

3 semester units

This course provides a study of the physiological requirements and functions of the basic components of food: carbohydrates, fats, and proteins. The various systems of the body and how digestion and nutrition influence these systems are covered. The role of nutrition in growth and health throughout the life cycle is reviewed as well as the role of diet in the development of chronic diseases, such as cardiovascular disease, cancer diabetes, etc.

MATH 121 COLLEGE ALGEBRA

3 semester units

This course covers equations and inequalities; functions and graphs; polynomial, rational, exponential, and logarithmic functions; systems of equations and inequalities. Prerequisite: Math 100 or equivalent.

PSYCHOLOGY 101 GENERAL PSYCHOLOGY

3 semester units

This course is a survey of the major scientific fields of psychology, including neurobiology, social psychology, perception and sensation, human development, psychology of personality, emotion, memory, learning, and psychological disorders and therapies. The course touches upon the cognitive, moral, physical, social, and emotional changes that are typical at each stage of development.

RELIGION ELECTIVE:

3 semester units

Students may choose from a wide selection of religion courses offered. Two of the most popular courses are described below.

RELIGION 101 LIFE AND TEACHINGS OF JESUS

3 semester units

This course includes a study of the four Gospels: Matthew, Mark, Luke and John, which contain the story of Jesus, His ministry and teachings.

RELIGION 105 INTRODUCTION TO BIBLE STUDY

3 semester units

This course examines the foundation upon which the Bible is considered to be the Word of God. The following topics are covered: the history and origin of the Bible as a collection of sacred manuscripts; the history and evaluation of the various versions of the Bible; the basic principles in the study of the Bible, generally known as Biblical Hermeneutics; and three ways to study the Bible – the study of words, the study of texts, and the study of doctrine.

SOCIOLOGY 215 INTRODUCTION TO SOCIOLOGY

3 semester units

This course provides a an overview of sociology as a social science, some concepts and ideas associated with the study of human behavior, and an overview of the principles, terms, and concepts in the discipline.

Ukiah Valley Medical Center

—Adventist Health

275 Hospital Drive
Ukiah, CA 95482
Phone: 707/463-7360
Fax: 707/463-7384

May 25, 2011

BRN

Weimar College has a clinical facility verification form with Ukiah Valley Medical Center. Ukiah Valley Medical Center is an acute care facility with 78 licensed beds. Currently, the Mendocino Community College RN program uses Ukiah Valley Medical Center as a clinical site for its Board of Registered Nursing approved nursing program. The following units are used for clinical experiences: medical-surgical; obstetrics; outpatient pediatrics; the intensive care unit; surgery department; and emergency department.

The facility provides 24 hour emergency and trauma care and is designated as a level IV trauma center. The Emergency Department (ED) has a designated trauma team.

There is a six bed adult intensive care unit (ICU) and level II neonatal intensive care unit (NICU). State of the art cardiovascular monitoring equipment is present in the ED, ICU, and NICU departments.

The types of patients admitted into the adult ICU include those diagnosed with respiratory failure and requiring ventilator management; sepsis and severe sepsis; multi-organ system failure; trauma; complicated post-operative patients; diabetic ketoacidosis; stroke; and other critical diagnoses.

Some of the basic, intermediate and advanced nursing clinical skills that nursing students may observe and/or participate in while completing their clinical rotation at Ukiah Valley Medical Center include, but are not limited to the following (listed alphabetically):

- Abdominal pressure monitoring
- Arterial pressure monitoring
- Cardiopulmonary resuscitation
- Central line management
- Central venous pressure monitoring
- Chemotherapy administration
- Colostomy/ileostomy care
- EKG monitoring
- Fetal monitoring
- Enteral feeding
- Enteral feeding tube placement (oral, nasal, gastric, jejunal)
- Foley catheter insertion and management
- Glycemic monitoring and treatment
- IV therapy (including venipuncture)
- Physical assessment – pediatric and adult
- Medication administration – pediatric and adult (IM, IV, OG/NG, PO, SC)
- Titration of intravenous medications: vasoactive, insulin, antiarrhythmics, and anticoagulants
- Renal dialysis
- Pacemaker management (temporary and permanent/intravenous and transcutaneous)
- Peritoneal dialysis
- Pulmonary artery pressure monitoring
- Total parenteral nutrition (TPN) administration
- Tracheostomy care
- Ventilator management
- Wound care

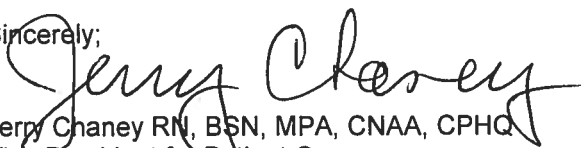
The ICU and Emergency department RNs have certification in emergency nursing, critical care nursing, pediatric advanced life support (PALS), advanced cardiovascular life support (ACLS), and/or trauma nurse core course (TNCC).

Diagnostic services include MRI, CT scanner (64 slice), nuclear medicine, echocardiography, and ultrasound.

Full service operating room suites are in place. The following types of surgery are done at Ukiah Valley Medical Center: general surgery; orthopedic; endoscopic; laproscopic; urologic; OB/GYN; and permanent pacemaker insertion.

If I can provide you any further information, please contact me.

Sincerely;

A handwritten signature in black ink that reads "Jerry Chaney". The signature is fluid and cursive, with the first name "Jerry" and last name "Chaney" clearly distinguishable.

Jerry Chaney RN, BSN, MPA, CNAA, CPHQ
Vice President for Patient Care

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 13.6

DATE: June 15, 2011

ACTION REQUESTED: Proposal to Require Accreditation of an Institution of Higher Education to Offer Prelicensure Registered Nursing Program

REQUESTED BY: Catherine Toderro, PhD, RN, Chairperson
Education/Licensing Committee

BACKGROUND:

During the regulatory process for the recently approved education regulations, the concept of requiring accreditation of all prelicensure nursing programs was raised. Several commentators submitted public comments on the proposed regulations recommending an accreditation requirement. At the January 2011 meeting, Education/Licensing Committee recommended to accept the comments and to consider promulgation of separate regulatory proposal requiring that institutions of higher education be accredited. At its February 2011 meeting, the Board decided that it would be in the public interest to hold public forums for the purpose of gathering input prior to developing regulatory proposal language.

Four public forums were scheduled on separate dates in four California locations (Sacramento, Los Angeles, Fresno, San Diego) beginning April 26 and ending June 14, 2011. Notices of the public forum dates and locations, and a background information document were posted on the BRN website on March 21 and were mailed to stakeholders as identified and requested. Direction included for public comments asked for their position on two accreditation questions:

1. Should an institution of higher education that offers prelicensure registered nursing be accredited?
2. What accreditation should be the required for the institution of higher education?

Three of the public forums have been completed on April 26 in Fresno, on May 10 in San Diego and on May 17 in Los Angeles. The last public forum is in Sacramento on June 14, and all input are to be submitted to the Board by 5:00 PM on the 14th. In addition to oral input presented at forums, written communications, including e-mails, have been received from interested parties. All of the inputs thus far have been collated and included as attachments.

Twenty-five (25) participants have either presented at a public forum or submitted a response thus far. The general consensus of opinions expressed at the public forums is summarized below:

- WASC/regional accreditation and national accreditation have similar standards and accreditation process and are both recognized by the United States Department of Education (USDOE).
- WASC and national accreditations assure that the schools reviewed have met a set of standards and ensure the quality of education provided.
- 100% of presenters and/or respondents agreed that institutional accreditation should be required for a school that offers a prelicensure registered nursing program.

- Twenty of twenty-three (20/23) participants who presented at public forums opposed limiting the accreditation to WASC/regional accreditation only. These participants preferred that the Board accept a national accreditation recognized by USDOE.
- All participants who commented on the issue of transferability voiced that transferability of credits is of major concern. Transfer of students' credits taken at any one institution cannot be guaranteed, regardless of the type of accreditation the school has. A school needs to have articulation agreements to ensure transfer of credits.
- A majority of public universities (UCs, CSUs) and community colleges in California do not accept transfer credits from non-WASC accredited schools.

Attachments:

1. Public Forum-Fresno Summary of Discussions
2. Public Forum-San Diego Summary of Presentations
3. Public Forum-San Diego Minutes
4. Public Forum-Los Angeles Minutes
5. Four documents on information related to accreditation provided by West Coast University .
- 6 and 7. Copy of presentations submitted at Public Forum in LA.

NEXT STEPS:

Proceed as directed by the Board.

**FISCAL IMPLICATION(S),
IF ANY:**

None

**PERSON(S) TO
CONTACT:**

Miyo Minato, Nurse Education Consultant
(323) 890-9950

BRN Public Forum - Fresno

April 26, 2011 (10:00 AM to 12:00 PM)
at Fresno State Office

Summary of Discussions

Purpose of the forum was to hear public comments related to the BRN's consideration for a proposal to require regional accreditation for schools offering prelicensure RN program.

Eight participants were at the forum. No written opinions were presented by the attendees. It was explained at the start of the meeting that the BRN was gathering information and no responses were going to be made.

Joe Brickman of Gurnich Academy of Medical Arts and Paul DeGiusti from Corinthian Colleges spoke and other attendees indicated that they were in attendance to hear the discussions and was not prepared to make any statements.

Mr. Brickman asked for the reason why the BRN was restricting the accreditation to WASC and not considering other national accrediting organizations recognized by the US Dept. of Education. He stated that accepting transfer of credits is left to the school accepting the course credits and national accreditations are recognized as well as WASC/regional accreditation. He stated that limiting to WASC/regional accreditation was restricting commerce. He gave an example of Arizona State Board and their recognition of national accreditation for the nursing schools.

Mr. Robert Johnson from California Association of Private Post-secondary Schools (CAPPS) asked for information specific to the proposal for accreditation. It was explained that this was a preliminary stage to gather public information and no specific regulatory language has been developed other than there is consideration to require WASC accreditation for nursing programs in California.

Mr. de Giusti stated that he now understands the rationale being presented by the BRN for identifying WASC/regional accreditation in the proposal being considered. He further added that he represents the for-profit institutions that offer nursing programs in California and supports inclusion of national accreditations. He stated that he will be submitting written materials in this matter to the BRN.

BRN Public Forum

May 10, 2011 1:00-3:00pm
San Diego, CA

Summary of Presentations

The purpose of this forum was to hear public comments related to the BRN's consideration of a proposal to require regional accreditation for schools offering or affiliating with a prelicensure registered nursing education program.

Seventeen persons attended the forum. Seven persons presented, two of whom provided written copies of their presentation (copies attached). Other attendees advised they were in attendance to hear the opinions and information presented.

Attendees were advised regarding the purpose of the forum and that all information provided at the forum or via mail in regards to this issue would be presented to the board. It was explained that this forum was provided to gather input and that responses would not be made to input presented.

Christopher Lambert, Director of External Affairs, Accrediting Commission of Career Schools and Colleges (ACCSC) presented representing his organization and additional representatives of organizations which included: Carol Moneyemaker, Executive Director, ABHES; Gary Puckett, PhD, Executive Director, COE; Albert C. Gray, PhD, Executive Director, ACICS; Roger J. Williams, Executive Director, ACCET; Michale S. McComis, EdD, Executive Director, ACCSC; Michael P. Lambert, Executive Director, DETC. Christopher Lambert stated that they support a requirement for accreditation but oppose the limitation of regional accreditation only as a requirement for national accreditation by a US Department of Education recognized agency will result in the same quality without unfairly limiting schools' options for accreditation. He asserted that there is no difference between the standards of a regional accrediting body vs. a nationally recognized accrediting body.

Mr. David Parker and Dr. Lauren Jones of ITT Tech asserted that the BPPE recognizes all USDE approved accrediting agencies as acceptable and do not limit recognition to WASC. They feel their national accreditation is equivalent to WASC. They support a requirement for accreditation but oppose the limitation of regional accreditation.

Ms. Sandy Comstock of MiraCosta College stated that no California state colleges can automatically accept credit for transfer from a non-WASC accredited school. She described a transfer application from a student who couldn't obtain admission into a BSN completion program due to the receiving college's rejection of the units earned at a non-WASC accredited school. The student could only choose to continue her education at expensive private schools. Ms. Comstock stated that often LVNs coursework is not accepted so that they have to repeat many courses prior to attaining eligibility to enter an RN program at a California state school program. Ms. Comstock voiced concerns regarding the ability of RNs to meet the lifelong learning requirement for professionals.

Ms. Comstock supports a requirement for accreditation and supports a requirement of regional accreditation.

Ms. Judy Eckhart of Palomar College stated that there is a difference between the standards of national and regional accrediting agents. The regional accrediting agents review the school compared to the performance of other schools in the region and the needs of the local [state] needs, rather than in comparison to national. She advised that there is a dilemma created when community colleges are not supposed to allow repeat of the same course previously taken but the course requested for transfer doesn't meet the receiving college's standards. Ms. Eckhart also described that very frequently applicants to her college program state they were not advised by the private non-WASC accredited school that their units would not be accepted for transfer by the California state colleges. Ms. Eckhart supports a requirement for accreditation and supports a requirement of regional accreditation.

Ms. Joy Brychta, Executive Director, Kaplan College, advised that her private school holds national accreditation through ACCIS and feels the standards are of the same quality as applied by regional accreditors. She expressed concern that a requirement of regional accreditation may impose an undue burden that could result in closure of some private schools, would not increase the quality of schools, would further limit opportunities for registered nursing education and thus the opportunities for increasing RN numbers in California, and would give the sole regional accrediting body for this region an unfair business advantage. Ms. Brychta, representing Kaplan College, supports a requirement for accreditation but opposes a limitation of regional accreditation.



Good afternoon. I am Joy Brychta, RN, Executive Director of Nursing at Kaplan College in San Diego. I have been with Kaplan since 2006. Prior to joining Kaplan, I served as the Senior Director of Medical Services at Planned Parenthood in San Diego, and as a nurse and nurse examiner in Michigan. I hold a Bachelor of Science in Nursing from the University of Michigan and a Master of Science in Nursing, with an emphasis in education, from Drexel University in Philadelphia.

I am here today on behalf of the Kaplan School of Nursing, which oversees Kaplan nursing programs, making it the fourth largest in the United States in producing nursing graduates. The Kaplan School of Nursing is a leader in providing pre- and post-licensure degree programs to nurses in California and throughout the country. The pre-licensure programs incorporate lab and clinical work at a local campus, and the programs are offered nationwide at 16 campus locations, including six in California.

Kaplan College in San Diego is nationally accredited by the Accrediting Commission of Career Schools and Colleges. There are 12 Kaplan College campuses throughout California, including eight other campuses nationally accredited by ACCSC and three campuses nationally accredited by the Accrediting Council for Independent Colleges and Schools.

The Kaplan School of Nursing also offers programs through Kaplan University. The Bachelor of Science in Nursing program at Kaplan University currently serves more than 1,300 nursing students across the country. Kaplan University also offers a Master of Science in Nursing program with several areas of specialization.

The Kaplan School of Nursing is strongly opposed to any Board regulation that would require regional accreditation for colleges and schools that offer pre-licensure nursing programs. The Kaplan School of Nursing believes that requiring regional accreditation would force many proven, well-regarded schools of nursing to close. Requiring regional accreditation will not provide any gains to the quality of the nursing programs available to students.

It is important to bear in mind that regional accreditors deal solely with institutions that focus on a degree as the ultimate goal of the institution. These types of institutions include traditional universities and community colleges. In contrast, Kaplan College offers many career-based, non-degree programs and only a handful of degree programs; as a result, Kaplan College and other similarly situated institutions may find it difficult, if not impossible, to obtain regional accreditation.



Accordingly, requiring regional accreditation for nursing schools in California could have the effect of drastically reducing the number of nursing programs available to students. This would only exacerbate the significant shortage of nurses in the state, and limit employment opportunities for prospective nurses, who are a key component of the state's network of healthcare providers.

We also believe that regional accreditation would not enhance the quality of nursing programs. We are confident that national accreditors, such as those that accredit Kaplan's programs, provide an equally robust evaluation of nursing programs as do regional accreditors.

Kaplan College in San Diego has graduated 1,710 registered nurses since 1995, and currently teaches 303 students in our Associate Degree program. We are able to educate and produce more than 160 qualified entry-level nurses each year. A key measure of the quality of a nursing program is how well it prepares its graduates to perform on the NCLEX-RN exam. Our program has an NCLEX-RN pass rate of nearly 94 percent, which we understand to be higher than many local schools that are regionally accredited.

California's four-year institutions and community colleges alone do not have the capacity to meet the growing demands for quality post-secondary education for its citizens. Qualified potential nursing students are being turned away now because many state institutions lack the capacity to educate them as registered nurses. The Kaplan School of Nursing plans to open an additional three Associate Degree Registered Nursing programs in California, at our Kaplan College campuses in Modesto, Sacramento and Riverside. These additional programs will provide more opportunities for qualified nursing student applicants to achieve their educational goals. California's healthcare system will benefit from the additional trained nurses made available to fill open positions.

Our state healthcare system is already benefitting from graduates who have received degrees through nationally accredited programs. Currently, ACICS accredits more than 70 California colleges and schools. There are 12 ACICS-approved nursing programs in the state that currently serve 4,200 students. And schools accredited by ACCSC teach more than 3,000 students in 39 different nursing programs offered throughout California. Currently, Kaplan graduates are working alongside BSN graduates in ICU, ER, PACU, OR and OB in every hospital in the San Diego area and beyond. Feedback from their employers validates that the educational preparation of our graduates compares to or exceeds those from regionally accredited schools.

It is also noteworthy that all nursing programs -- whether nationally or regionally accredited -- are subjected to the same strict federal guidelines. The Department of Education recognizes national accreditors, including ACICS and ACCSC, to be reliable authorities on institutional quality and integrity. The Department of Education also reviews every accreditor -- both national and regional -- every five years. The Department of Education does not distinguish between regional or national accreditors in its evaluations of accrediting bodies; each agency is evaluated using the same criteria. All Department of Education recognized accreditors undergo a rigorous process to demonstrate that the agency is a valid and reliable authority for the assessment of educational quality, and that their standards represent generally accepted measures and requirements. All agencies recognized by the Department of Education are equally capable of evaluating the quality of the institutions they accredit.

National accreditors are recognized by the National League of Nursing Accrediting Commission, and nationally accredited institutions' nursing programs are eligible to apply for programmatic accreditation of their nursing programs by the NLNAC. National accreditors specialize in career schools, as opposed to community colleges and traditional four-year institutions. National accreditors align educational objectives with occupational outcomes and their standards regarding continuous institutional improvements are similar to those of the regional accreditors.

There is no evidence to support the claim that nurses graduating from nursing programs at nationally accredited institutions are less qualified or competent than those graduating from nursing programs at regionally accredited institutions. Indeed, 92 percent of students from our most recent graduating class have secured employment.

Kaplan has a long track record of providing educational opportunities to students who might otherwise be unable to get an education at a traditional, regionally accredited institution and thus have no chance to further their career goals. Our career-based programs are well suited to provide new opportunities for students who are often working low-to-minimum wage jobs, or returning to the workforce after a long absence or recent layoff. For example, our student body in San Diego has a 44 percent minority population, and 90 percent of our students are 25 or older.

We are proud to say that every hospital in San Diego and San Bernadino counties employs graduates from our program. Many have become supervisors and managers. Hung Tran, Regional Director of Operations of Brighton Place, a local nursing home, is a proud Kaplan graduate. After years of practicing as a nurse, Loretta Melby, a Kaplan graduate, returned to Kaplan as the director of our Associate Degree program, and is currently enrolled in a PhD program at the University of San Diego. We have many success stories from non-traditional students, including a 53-year-old grandmother who waited until her daughter became a nurse before she started our program. She is now



the lead resource nurse on the cardiac care unit at Fontana Hospital. We also graduated a single mother of five children who worked her way through nursing school and is now a successful ICU nurse. She likely would not have been successful at a traditional college that would have offered less flexibility to accommodate her life situation and work through her challenges.

Our students know me, talk to me and know that besides me, all the staff members at Kaplan College are here for them and want them to succeed.

Because there is only one regional accreditor that operates in California (the Western Association of Schools and Colleges), a requirement for regional accreditation could essentially create a monopoly for this accreditor. If regional accreditation were required, California nursing programs that are already operating in full compliance with national accreditation requirements would have to undergo expensive and resource-intensive work to pursue regional accreditation. This process would come at a time when the resources of the educational programs are better focused on the students we serve. And we are uncertain how our application would be received, given the traditional degree-oriented perspective of regional accreditors.

If accreditation were limited only to that offered by regional accrediting bodies, individuals interested in pursuing a career in nursing would be faced with having to enroll in institutions that may be less equipped to serve their educational needs, personal circumstances or career goals. That is, of course, if they could get in at all, given the growing shortage of openings in nursing school programs at traditional four-year colleges and community colleges in the state.

We believe any requirement for regional accreditation would put an undue burden on nationally accredited schools, such as Kaplan College, that are proven providers of quality nursing programs and valuable contributors of nurses to our state's healthcare network and economy. In short, it would be bad for students, bad for graduates, bad for the state of California, and bad for its healthcare industry and economy. Therefore, we urge the Board to reject any proposal to require regional accreditation in order to operate a registered nurse educational program.

(I ask that my full remarks be included in the record). Thank you for your consideration.

California Board of Registered Nursing – Public Forum
May 10, 2011
Testimony of Christopher Lambert
Director of External Affairs
Accrediting Commission of Career Schools and Colleges (ACCSC)

Good afternoon.

My name is Christopher Lambert and I am the Director of External Affairs with the Accrediting Commission of Career Schools and Colleges (ACCSC), which is nationally recognized by the United States Department of Education as a valid and reliable authority for the assessment of educational quality.

Today, I am here representing the national accreditation community, including ACCSC, the Accrediting Bureau of Health Education Schools (ABHES), the Accrediting Commission for Continuing Education and Training (ACCET), the Accrediting Council for Independent Colleges and Schools (ACICS), the Council on Occupational Education (COE), and the Distance Education and Training Council (DETC), and the over 2,000 post-secondary institutions that we collectively accredit, to express our uniform opposition to the Board of Registered Nursing's (Board's) proposal to recognize only programs offered at an institution accredited by a "Junior/Community College or Senior College Division of the Western Association of Colleges and Schools or a regional counterpart."

First and foremost, it is important to note that the national accreditation community shares the Board's goals of quality assurance and the establishment of rigorous standards and eligibility requirements. It is important, however, that rigorous accreditation standards and eligibility requirements have a meaningful basis, are not arbitrary, and reflect the best practices in ensuring and assessing quality education. It is on this latter point that I wish to express our belief that the Board's proposal to recognize only programs offered at an institution accredited by a "Junior/Community College or Senior College Division of the Western Association of Colleges and Schools or a regional counterpart" is not a reflection of the best practices within the accreditation and regulatory community and would impose an unwarranted restriction on institutions and students that is without merit or basis.

In consideration of the BRN's proposed new eligibility criteria, a significant question comes to mind – why the proposed change? Is there some belief at the BRN that being accredited by a regional accrediting agency somehow means higher quality or more rigorous standards? If that is the case, then the BRN's proposal is without merit or basis and does not align with the growing trend within the accreditation and regulatory community to be more inclusive of all accrediting agencies that are recognized by the United States Department of Education. The reason for this trend, we believe, is that recognition by the United States Department of Education means that the agency has undergone a rigorous process to demonstrate that the agency is in fact a valid and reliable authority for the assessment of educational quality, and the recognition process ensures that an agency's standards represent generally accepted measures and requirements for institutions offering specific degree levels and types of educational programs. According to the U.S. Department of Education, "[t]he goal of accreditation is to ensure that education provided by institutions of higher education meets acceptable levels of quality."

In this sense, there is absolutely no distinction between a regional accrediting agency and a national accrediting agency – all agencies are held to the same rigorous process and criteria under Section 602 of the Code of Federal Regulations (“CFR”). These regulations demand that recognized accrediting agencies’ standards, whether it be regional or national, be sufficiently rigorous to assure that high standards of educational quality and institutional integrity are maintained. All recognized agencies, regional or national, must have standards that address the following areas (among others):

- Faculty Qualifications;
- Curriculum;
- Student Services;
- Satisfactory Progress;
- Management and financial capacity;
- Processing of student complaints;
- Information sharing with state and federal regulatory agencies;
- Recruitment and Admissions;
- Institutional effectiveness; and
- Systematic Program of Review (a substantive evaluation of the validity and reliability of standards at regular intervals).

The criteria for recognition set forth in Section 602 of the CFR also impose requirements on recognized accrediting agencies requiring them to share information with other oversight entities including state agencies such as the California Bureau of Private Postsecondary Education, the U.S. Department of Education, and the public in the event an action is taken to withdraw the accreditation of an institution or to place such an institution on probation. The regulations require accrediting agencies to have procedures that permit them to work cooperatively with the state licensing/authorizing agencies and the Department of Education to ensure quality and the protection of students. The regulations also require agencies to take an adverse action against any institution that does not comply with standards or policies within a prescribed time frame.

As you may be aware, an institution seeking to offer a nursing program must first receive nursing board approval before it can apply for and receive approval from an accrediting commission. The accrediting commission must therefore honor nursing board standards in its own evaluation process, taking into account requirements for faculty credentialing, general education, program design, content, and rigor. Thus, specific nursing board standards in these areas would be reinforced through the accreditation process, which would ensure greater consistency without limiting opportunities for institutions and students. In addition, the student achievement focus of the national accreditors, including the requirement for institutions to report on certification and licensure examination pass rates, such as the NCLEX exam, graduation rates, and graduate employment rates aligns with the Board’s desire for rigorous standards and eligibility requirements.

Another factor to consider is that in addition to being recognized as a reliable authority on quality education by the USDE, ACCSC/ABHES/ACICS are all currently recognized by the National League of Nursing Accrediting Commission (NLNAC), which is responsible for the specialized accreditation of nursing education programs, and as such our accredited member institutions are eligible to apply for programmatic accreditation of their nursing

programs from NLNAC. We are confident that NLNAC shares the Board's goals of quality assurance and the establishment of rigorous standards and eligibility requirements.

But beyond the regulatory challenges, the reality is that the Board's current proposal would significantly reduce educational and employment opportunities for students and would unnecessarily reduce the available pool of qualified nursing professionals at a time when the nation's healthcare network is struggling to keep pace with the demand for high-quality health care. According to the United States Department of Labor, "employment of registered nurses is expected to grow by 22 percent from 2008 to 2018, much faster than the average for all occupations." Accordingly, limiting the number of qualified candidates by arbitrarily limiting the providers of quality nursing education, such as currently proposed by the Board, seems counter to the demand for qualified nurses as we go forward as a nation. More importantly, through this requirement, students interested in pursuing a career in nursing would be unnecessarily forced to enroll in institutions that may not fit their educational needs, personal circumstances, or goals.

Accordingly, on behalf of the national accreditation community, I offer the following proposal that we believe meets the BRN's goal of quality assurance and the establishment of rigorous standards and eligibility requirements:

PROPOSED ACCREDITATION REQUIREMENT- The institution of higher education offering the nursing program, or the institution of higher education with which the nursing program is affiliated, must be institutionally accredited by an accrediting agency recognized by, and in good standing with, the United States Department of Education.

In closing, on behalf of the national accreditation community, I sincerely appreciate the opportunity to provide comment on the proposed accreditation requirement. I encourage you to contact any of Executive Directors of each of the national accrediting agencies if you have any questions or if you require any additional information. Thank you for the consideration of this matter.

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BOARD OF REGISTERED NURSING

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Louise R. Bailey, MEd, RN, Executive Officer



PUBLIC FORUM - MINUTES

RE: Proposed regional accreditation requirement for schools providing or affiliating with a prelicensure registered nursing program.

DATE/TIME: May 10, 2011 1:00 to 3:00 PM

LOCATION: State of California Office Building 1350 Front Street, B-109, San Diego, CA

There were about 17 attendees.

NAME/TITLE/ORGANIZATION	ACCREDITATION		REGIONAL		COMMENTS	WRITTEN COPY PROVIDED
	Support	Oppose	Support	Oppose		
Christopher Lambert, Director of External Affairs, Accrediting Commission of Career Schools and Colleges (ACCSC) presented representing his organization and additional representatives of organizations which included: Carol Money maker, Executive Director, ABHES; Gary Puckett, PhD, Executive Director, COE; Albert C. Gray, PhD, Executive Director, ACICS; Roger J. Williams, Executive Director, ACCET; Michale S. McComis, EdD, Executive Director, ACCSC; Michael P. Lambert, Executive Director, DETC.	X			X	Stated that they support a requirement for accreditation but oppose the limitation of regional accreditation only as they a requirement for national accreditation by a US Department of Education recognized agency will result in the same quality without unfairly limiting schools' options for accreditation. He asserted that there is no difference between the standards of a regional accrediting body vs a nationally recognized accrediting body.	Yes
Mr. David Parker and Dr. Lauren Jones of ITT Tech	X			X	BPPE recognizes all USDE approved accrediting agencies as acceptable and do not limit recognition to WASC. They feel their national accreditation is equivalent to WASC. They support a requirement for accreditation but oppose the limitation of regional accreditation.	

PUBLIC FORUM - MINUTES

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NAME/TITLE/ORGANIZATION	ACCREDITATION		REGIONAL		COMMENTS	WRITTEN COPY PROVIDED
	Support	Oppose	Support	Oppose		
Ms Sandy Comstock of MiraCosta College	X		X		No California state colleges can automatically accept credit for transfer from a non-WASC accredited school. She described a transfer application from a student who couldn't obtain admission into a BSN completion program due to the receiving college's rejection of the units earned at a non-WASC accredited school. The student could only choose to continue her education at expensive private schools. Ms Comstock stated that often LVNs coursework is not accepted so that they have to repeat many courses prior to attaining eligibility to enter an RN program at a California state school program. Ms Comstock voiced concerns regarding the ability of RNs to meet the lifelong learning requirement for professionals.	
Ms Judy Eckhart of Palomar College	X		X		There is a difference between the standards of national and regional accrediting agents. The regional accrediting agents review the school compared to the performance of other schools in the region and the needs of the local [state] needs, rather than in comparison to national. She advised that there is a dilemma created when community colleges are not supposed to allow repeat of the same course previously taken but the course requested for transfer doesn't meet the receiving college's standards. Ms Eckhart also described that very frequently applicants to her college program state they were not advised by the private non-WASC accredited school that their units would not be accepted for transfer by the California state colleges. Ms Eckhart supports a requirement for accreditation and supports a requirement of regional accreditation.	

PUBLIC FORUM - MINUTES

RE: Proposed regional accreditation requirement for schools providing or affiliating with a prelicensure registered nursing program.

DATE/TIME: May 10, 2011 1:00 to 3:00 PM

LOCATION: State of California Office Building 1350 Front Street, B-109, San Diego, CA

There were about 17 attendees.

NAME/TITLE/ORGANIZATION	ACCREDITATION		REGIONAL		COMMENTS	WRITTEN COPY PROVIDED
	Support	Oppose	Support	Oppose		
Ms Joy Brychta, Executive Director, Kaplan College,	X			X	Advised that her private school holds national accreditation through ACCIS and feels the standards are of the same quality as applied by regional accreditors. She expressed concern that a requirement of regional accreditation may impose an undue burden that could result in closure of some private schools, would not increase the quality of schools, would further limit opportunities for registered nursing education and thus the opportunities for increasing RN numbers in California, and would give the sole regional accrediting body for this region an unfair business advantage. Ms Brychta, representing Kaplan College, supports a requirement for accreditation but opposes a limitation of regional accreditation.	Yes



PUBLIC FORUM - MINUTES

RE: Proposed regional accreditation requirement for schools providing or affiliating with a prelicensure registered nursing program.

DATE/TIME: Tuesday, May 17, 2011 1:00 - 3:00 pm

LOCATION: Ronald Reagan State building, 300 S. Spring Street, Los Angeles, CA

There were approximately 40 participants at the forum.

NAME/TITLE/ORGANIZATION	ACCREDITATION		REGIONAL		COMMENTS	WRITTEN COPY PROVIDED
	Support	Oppose	Support	Oppose		
Dana Martin, ITT Tech Los Angeles (ACICS)	X			X	National accreditation and WASC accreditation standards are similar. Both ensure quality. Transfer of credits is not guaranteed by having regional accreditation.	
Brian Newman, Association of Private Sector Colleges and Universities (APSCU)	X			X	If WASC/regional accreditation is only accepted, the outcome would be closure of nursing programs at nationally accredited institutions and decrease of nursing graduates. Recommend both WASC and national bodies recognized by the USDOE.	Yes
Dianne Moore, West Coast University	X			X	There should be transferability of credits between institutions. The problem is that transferability of credit is not consistent and is not guaranteed no matter what accreditation organization is involved.	Yes
Bill Kalish, West Coast University	X			X	Provided written documents for the Board	
Dianna Sherlin, American University Of Health Sciences	X			X	Support accreditation of colleges by organizations recognized by USDOE or CHEA	Yes



PUBLIC FORUM - MINUTES

RE: Proposed regional accreditation requirement for schools providing or affiliating with a prelicensure registered nursing program.

DATE/TIME: Tuesday, May 17, 2011 1:00 - 3:00 pm

LOCATION: Ronald Reagan State building, 300 S. Spring Street, Los Angeles, CA

There were approximately 40 participants at the forum.

NAME/TITLE/ORGANIZATION	ACCREDITATION		REGIONAL		COMMENTS	WRITTEN COPY PROVIDED
	Support	Oppose	Support	Oppose		
Gregory Johnson, American University of Health Sciences	X			X	Should not limit students from becoming health care professionals, which requiring only WASC would do. Should not limit access to those underserved group of students. "Don't narrow the door"	
Albert Gray, Accrediting Council for Independent Colleges and Schools (ACICS)	X			X	Recommend that Board adopt a regulation that requires that the institution offering a nursing must be institutionally accredited by an agency recognized by, and in good standing with, the USDOE.	Yes
Yohan Pyeon, Shepherd University	X			X	Asked why the Board limited the accreditation to regional accreditation/WASC. Credits from nationally accredited institutions can transfer when there is an articulation agreement. Recommend that Board should allow schools to choose national or WASC accreditation and not discriminate a school that might have different purpose and mission and to provide sufficient time to obtain the required accreditation.	Yes
Undergraduate Nursing Advisor, CSU Fullerton	X		X		Email received reported that at least one call is received wach week from a graduate of a local non-WASC accredited university and she has to explain that CSUF cannot accept their credits. She indicated that this problem is a huge problem locally (Orange County) and also in San Diego.	

SUPPORTING BASIS FOR PROPOSED REGIONAL INSTITUTIONAL ACCREDITATION
ISSUES ANALYSIS

2. Transferability of Academic Credit: The most compelling reason for WASC/regional accreditation is the increased potential for transferability of academic credit, particularly to public colleges and universities. Each institution of higher education determines its own standards for acceptance of transfer of academic credit, but regional accreditation is frequently one of the standards. Transferability of credit becomes an issue for prelicensure registered nursing students who wish to transfer between nursing programs to complete their prelicensure education and for registered nurses who wish to pursue additional education/degrees. In addition to impeding students' academic progress, inability to transfer academic credits also creates a financial burden for students by requiring that they pay twice for the same course(s). Students may also not be eligible for some employer sponsored reimbursement if the school is not accredited.

WASC	ACICS	ACCSC	ABHES
Is a member of CHEA. The CHEA principle states that transfer credit may not be denied solely on the basis of the accreditation of the institution from which the student transfers. Transfer is a decision based on the competencies taught in individual courses. This evaluation is independent of institutional accreditation.	Is a member of CHEA. The CHEA principle states that transfer credit may not be denied solely on the basis of the accreditation of the institution from which the student transfers. When a program is approved by the Board or CCNE or NLNAC accredited the nursing core courses generally transfer.	ACCSC schools may apply for NLNAC or CCNE accreditation. Neither NLNAC nor CCNE require regional accreditation. When a program is approved by the Board or CCNE or NLNAC accredited the nursing core courses generally transfer.	ABHES schools may apply for NLNAC or CCNE accreditation. Neither NLNAC nor CCNE require regional accreditation. When a program is approved by the Board or CCNE or NLNAC accredited the nursing core courses generally transfer.

Analysis: The transfer issue is primarily a general education transfer credit issue and does not apply in most cases to nursing core courses in an approved program. Council for Higher Education Accreditation (CHEA) policy specifically states that an institution's accreditation may not be the basis for the denial of transfer credit. WASC policy specifically states, "Accreditation speaks of the probability but does not guarantee that students have met applicable standard of educational accomplishment.... Since accreditation does not address [comparability and applicability], the information must be obtained from catalogs and other materials and from direct contact between knowledgeable and experienced faculty and staff at both the receiving and sending institutions." All regional accrediting agencies changed their restrictive transfer policies to reject denial of transfer of credit based solely on accreditation after the U.S. Dept. of Justice found SACS to be in restraint of trade for having had such a policy in the past. See also the GAO Report to Congressional Requesters, "Transfer Students" October 2005.

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SUPPORTING BASIS FOR PROPOSED REGIONAL INSTITUTIONAL ACCREDITATION
ISSUES ANALYSIS

4. Comparability with Accreditation Requirement for Other Professions: Institutions of Higher Education providing education for other professions, including physicians, psychologists, social workers, and teachers, are required to be regionally accredited.

WASC	ACICS	ACCSC	ABHES
Institutionally accredits programs for licensed professions, many of which also require programmatic accreditation.	ACICS accredited programs qualify students to become licensed and work as: Diagnostic Medical Sonographers, Cardiovascular Technicians, Respiratory Therapists, Radiologists, Surgical Technologists and Professional Nurses, among many other professional field in health care and are eligible to become programmatically accredited for those professions requiring specialized accreditation for licensure.	ACCSC accredited programs qualify students to become licensed and work as: Diagnostic Medical Sonographers, Cardiovascular Technicians, Respiratory Therapists, Radiologists, Surgical Technologists and Professional Nurses, among many other professional field in health care and are eligible to become programmatically accredited for those professions requiring specialized accreditation for licensure.	ABHES is recognized by the U.S. Dept. of Education as both a programmatic and an institutional accrediting agency. It is recognized by some professional certification agencies as qualifying its students to sit for some professional health care certification exams. Its accredited programs qualify students to become licensed and work as: Diagnostic Medical Sonographers, Cardiovascular Technicians, Respiratory Therapists, Radiologists, Surgical Technologists and Professional Nurses, among many other professional field in health care and are eligible to become programmatically accredited for those professions requiring specialized accreditation for licensure.

Analysis: Within health care, schools accredited by national accrediting agencies prepare graduates who are eligible to sit for national and state certification exams and work in the field. In fact, in California students who attend unaccredited law schools may sit for the bar exam. The issue is whether the students can pass the exam rather than the accreditation of the school they attended. Although some programmatic/certification agencies require regional accreditation, it is by no means the rule and is actually prohibited by statute in some states, such as Texas. The achievement of required competencies as demonstrated by pass rates on national certification exams is a better indicator of quality and competency than reliance on regional accreditation.

SUPPORTING BASIS FOR PROPOSED REGIONAL INSTITUTIONAL ACCREDITATION
ISSUES ANALYSIS

3. Focus on Degree-Granting Colleges and Universities: Registered nursing is a profession. An agency accrediting institutions of higher education for Board-approved prelicensure programs should be focused on institutions that offer degrees and not vocational certificates: WASC meets this criteria.			
WASC	ACICS	ACCSC	ABHES
WASC meets this criteria. But as also applies to other regional accrediting agencies, WASC accreditation is not limited to degree programs. ACCJC eligibility requirements specifically state: "A substantial portion of the institution's educational offerings are programs that lead to degrees, and a significant proportion of its students are enrolled in them." ACCJC eligibility criteria do not require a "majority" of degree programs, but rather a "substantial portion."	In order to be a member of CHEA, the majority of the institutions accredited by the accrediting agency must be degree-granting. ACICS meets this criteria. The majority of its institutions are degree-granting. ACICS accredits programs through the Master's level and has requested authority from the U.S. Department of Education to accredit programs at the professional doctorate level.	Although the majority of institutions accredited by ACCSC are not degree granting. It also accredits programs up to the Master's level.	ABHES accredits programs through the associate degree level and has requested authority from the U.S. Dept. of Education to accredit programs through the Bachelor's level.
Analysis: National accrediting agencies are approved to accredit degree programs, just as regional accrediting agencies accredit non-degree programs. Almost all approved professional nursing programs are degree programs, and are evaluated under the degree program standard of the national and regional accrediting agencies.			

SUPPORTING BASIS FOR PROPOSED REGIONAL INSTITUTIONAL ACCREDITATION
ISSUES ANALYSIS

5. Comparability with Accreditation Requirement for Public Institutions of Higher Education and current accreditation status of most private schools that offer a nursing program: All California public institutions of higher education are required to be accredited by WASC. The majority of private schools currently offering nursing programs are also WASC accredited.

WASC	ACICS	ACCSC	ABHES
WASC has adopted policy that recognizes national accreditation as qualifying institutions for expedited review for WASC accreditation under a process called "Pathway B." WASC recognizes that national accrediting agencies require schools to meet similar criteria. Indeed, under new federal requirements related to outcomes, WASC is looking for guidance at the model of the nationally accredited schools which have always been required to report outcomes.	ACICS requires that the objectives in support of the mission of its accredited schools be "devoted substantially to career-related [i.e., professional] education." It also requires general education credits in academic associate degree and higher educational programs similar to WASC criteria. ACICS criteria are more specific than WASC criteria, but are more similar than different. ACICS has specific criteria related to the clinical setting.	ACCSC requires that the objectives in support of the mission of its accredited schools be "career-oriented." It also requires general education credits in academic associate degree and higher educational programs similar to WASC criteria. ACCCS criteria are more specific than WASC criteria, but are more similar than different. ACCSC has criteria specifically related to the clinical setting.	ABHES requires that 50% of the programs and 50% of the students enrolled in a school's programs be devoted to allied health. As such health care programs are a specific focus of their accreditation. ABHES has specific criteria related to the clinical setting.

SUPPORTING BASIS FOR PROPOSED REGIONAL INSTITUTIONAL ACCREDITATION
ISSUES ANALYSIS

6. Degree Granting Authority: Private postsecondary institutions must be approved by the Bureau of Private Postsecondary Education (BPPE) to grant degrees; WASC-accredited institutions are exempt from this requirement.			
WASC	ACICS	ACCSC	ABHES
The WASC exemption from BPPE regulations does not apply to other regional accrediting agencies. The only difference between the WASC exemption and the Licensure by Means of Accreditation under the BPPE regulations is that WASC institutions do not have to pay into the Student Tuition Recovery Fund and do not need to submit copies of their accreditation documents to BPPE.	BPPE recognizes ACICS accredited institutions as eligible for licensure on the basis of their accreditation and accepts the decision of the national accrediting agency for the approval of degree-granting authority, new programs and other substantive changes. The only difference from an exemption is that ACICS institutions must submit copies of the approval documents to the BPPE and pay the Student Tuition Recovery Fund assessments. There is no review or approval required by BPPE of the educational programs other than the submittal of documentation of the accrediting agency approval.	BPPE recognizes ACCCS accredited institutions as eligible for licensure on the basis of their accreditation and accepts the decision of the national accrediting agency for the approval of degree-granting authority, new programs and other substantive changes. The only difference from an exemption is that ACCSC institutions must submit copies of the approval documents to the BPPE and pay the Student Tuition Recovery Fund assessments. There is no review or approval required by BPPE of the educational programs other than the submittal of documentation of the accrediting agency approval.	BPPE recognizes ABHES accredited institutions as eligible for licensure on the basis of their accreditation and accepts the decision of the national accrediting agency for the approval of degree-granting authority, new programs and other substantive changes. The only difference from an exemption is that ABHES institutions must submit copies of the approval documents to the BPPE and pay the Student Tuition Recovery Fund assessments. There is no review or approval required by BPPE of the educational programs other than the submittal of documentation of the accrediting agency approval.
Analysis: There is no difference in the standard of review for programs offered at nationally accredited institutions and those offered at regionally accredited institutions under the regulations of the BPPE.			

SUPPORTING BASIS FOR PROPOSED REGIONAL INSTITUTIONAL ACCREDITATION
ISSUES ANALYSIS

1. Accreditation vs. Approval: Accreditation addresses dimensions such as financial stability of an educational institution and overall quality of the educational institution that are not evaluated by the BRN as part of the ongoing program continuing approval process. Both accreditation and approval are necessary to ensure quality.			
WASC	ACICS	ACCSC	ABHES
Conducts financial review upon grant of accreditation and annually. Reviews quality of institution and programs during renewals of grants (up to 10 years), mid-cycle visits and upon substantive changes.	Conducts financial review upon grant of accreditation and annually. Reviews quality of institution and programs during renewals of grants (up to 6 years), mid-cycle visits and upon substantive changes.	Conducts financial review upon grant of accreditation and annually. Reviews quality of institution and programs during renewals of grants (up to 5 years), mid-cycle visits and upon substantive changes.	Conducts financial review upon grant of accreditation and annually. Reviews quality of institution and programs during renewals of grants (up to 8 years), mid-cycle visits and upon substantive changes.
Analysis: Maximum Length of Grants of Accreditation by National Accrediting Agencies are shorter and thereby ensure more frequent institutional review. All agencies require review upon substantive change.			

October 2005

TRANSFER STUDENTS

Postsecondary
Institutions Could
Promote More
Consistent
Consideration of
Coursework by Not
Basing Determinations
on Accreditation



Highlights of GAO-06-22, a report to congressional requesters

TRANSFER STUDENTS

Postsecondary Institutions Could Promote More Consistent Consideration of Coursework by Not Basing Determinations on Accreditation

Why GAO Did This Study

Each year thousands of students transfer from one postsecondary institution to another. The credit transfer process, to the extent that it delays students' progress, can affect the affordability of postsecondary education and the time it takes students to graduate. Seeking information on the processes and requirements that postsecondary institutions have in place to assess requests to transfer academic credits, Congress asked GAO to examine (1) how postsecondary education institutions decide which credits to accept for transfer, (2) how states and accrediting agencies facilitate the credit transfer process, and (3) the implications for students and the federal government of students' inability to transfer credits.

What GAO Recommends

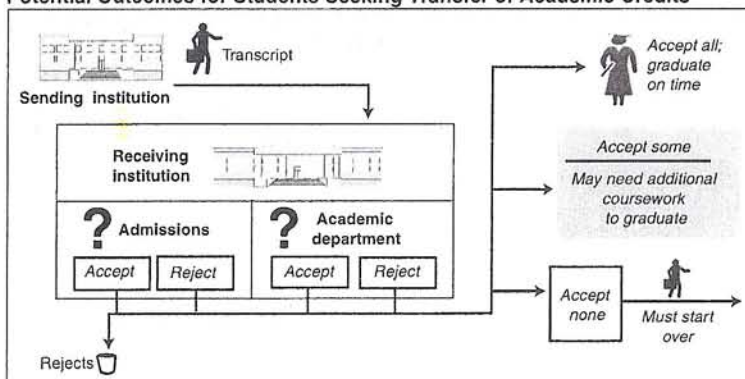
GAO suggests that Congress consider further amending the Higher Education Act of 1965 to require postsecondary institutions eligible for Title IV funding to not deny the transfer of credit on the basis of a sending institution's type of accreditation.

What GAO Found

When deciding which credits to accept from transfer students, receiving institutions consider the sending institution's type of accreditation, whether academic transfer agreements with the institution exist, and the comparability of coursework. However, institutions vary in how they evaluate and apply a student's transferable credits. Many officials from postsecondary institutions with regional accreditation told GAO that they would not accept credits earned from nationally accredited institutions. To streamline the transfer process, most institutions have transfer agreements with other institutions that generally provide for the acceptance of credits from the other institution without further evaluation. In some instances, institutions review student credits—not rejected for other reasons, such as accreditation—to determine comparability to their academic offerings.

State legislation, statewide initiatives, and the accreditation standards that accrediting agencies set help facilitate the transfer of academic credits from one postsecondary institution to another. Among other things, states support the establishment of statewide transfer agreements, common core curricula, and common course numbering systems. Accrediting agencies facilitate the transfer process through the standards they set. The accrediting agencies that GAO reviewed generally adhere to the principle that institutions should not accept or deny transfer credit exclusively on the basis of a sending institution's type of accreditation.

Potential Outcomes for Students Seeking Transfer of Academic Credits



Source: GAO analysis and Art Explosion.

A student's inability to transfer credit may result in longer enrollment, more tuition payments, and additional federal financial aid, but current data do not allow GAO to quantify its effects on the students or the federal government. Data are not available on the number of credits that do not transfer, making it difficult to assess the actual costs associated with nontransferable credits.

www.gao.gov/cgi-bin/getrpt?GAO-06-22.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Cornelia Ashby, (202) 512-7215, ashbyc@gao.gov.

Council for
Higher Education
Accreditation

A Statement to the Community:
Transfer and the Public Interest

This statement, prepared by the Council for Higher Education Accreditation Committee on Transfer and the Public Interest, is addressed to institutions, accreditors and national higher education associations seeking to maintain and enhance conditions of transfer for students.

November 2000

ACHE

Criteria for Transfer Decisions

CHEA believes that the three criteria of quality, comparability, and appropriateness and applicability offered in the 1978 Joint Statement remain central to assuring quality in transfer decision-making. The following additional criteria expand this list and are offered to assist institutions, accreditors and higher education associations in future transfer decisions. These criteria are intended to sustain academic quality in an environment of more varied transfer, assure consistency of transfer practice and encourage appropriate accountability about transfer policy and practice.

Balance in the Use of Accreditation Status in Transfer Decisions. Institutions and accreditors need to assure that transfer decisions are not made solely on the source of accreditation of a sending program or institution. While acknowledging that accreditation is an important factor, CHEA believes that receiving institutions ought to make clear their institutional reasons for accepting or not accepting credits that students seek to transfer. Students should have reasonable explanations about how work offered for credit is or is not of sufficient quality when compared with the receiving institution and how work is or is not comparable with curricula and standards to meet degree requirements of the receiving institution.

Consistency. Institutions and accreditors need to reaffirm that the considerations that inform transfer decisions are applied consistently in the context of changing student attendance patterns (students likely to engage in more transfer) and emerging new providers of higher education (new sources of credits and experience to be evaluated). New providers and new attendance patterns increase the number and type of transfer issues that institutions will address—making consistency even more important in the future.

Accountability for Effective Public Communication. Institutions and accreditors need to assure that students and the public are fully and accurately informed about their respective transfer policies and practices. The public has a significant interest in higher education's effective management of transfer, especially in an environment of expanding access and mobility. Public funding is routinely provided to colleges and universities. This funding is accompanied by public expectations that the transfer process is built on a strong commitment to fairness and efficiency.

Commitment to Address Innovation. Institutions and accreditors need to be flexible and open in considering alternative approaches to managing transfer when these approaches will benefit students. Distance learning and other applications of technology generate alternative approaches to many functions of colleges and universities. Transfer is inevitably among these.

Finally, CHEA is committed to working with other national higher education associations to convene a group of higher education leaders to address emerging issues for transfer and to develop additional tools and sound practices that can assist institutions as they manage transfer. This national conversation should include attention to how higher education's future will differ from its past and, above all, our responsibilities to students in an increasingly mobile, fast-paced and international environment.

Approved by CHEA Board of Directors, September 25, 2000

Council For Higher Education Accreditation

FACT SHEET #4

A Framework for Meeting Transfer of Credit Responsibilities

May 2002

INTRODUCTION

THE COUNCIL FOR HIGHER EDUCATION ACCREDITATION (CHEA) initiated its work on accreditation and transfer of credit in 1998. In 2000, CHEA published *A Statement to the Community: Transfer and the Public Interest*. This statement was the result of CHEA's concern that accredited status of a program or institution assist, not hinder, students in the transfer process.*

CHEA's work on accreditation and transfer is based on three important considerations:

- *Accredited* status of an institution is an important, but not the sole factor, to consider in transfer of credit decisions.
- *Considering* transfer requests serves students and the public. The public interest and students are best served when institutions commit to at least consideration of transfer requests, not rejecting such requests out of hand.
- *Accepting* transfer credits is the responsibility and prerogative of institutions.

The CHEA *Statement* offered four criteria that accrediting organizations and institutions are asked to consider as decisions are made about transfer of credit and academic quality. These criteria are:

- Balance in the use of accreditation status in transfer decisions: Institutions and accreditors need to assure that transfer decisions are not made solely on the source of accreditation of a sending program or institution.
- Consistency: Institutions and accreditors need to reaffirm that the considerations that inform transfer decisions are applied consistently.
- Accountability for effective public communication: Institutions and accreditors need to assure that students and the public are fully and accurately informed about their respective transfer policies and practices.
- Commitment to address innovation: Institutions and accreditors need to be flexible and open in considering alternative approaches to managing transfer when these approaches will benefit students (CHEA *Statement*, p. 3).

Following its work on the *Statement*, in 2001, CHEA and the 19 recognized institutional accrediting organizations met to identify key responsibilities that accrediting organizations and institutions are asked to consider if the CHEA *Statement* is to be used effectively.**

The Transfer Framework is the result of this effort and describes the responsibilities to students and the public that accrediting organizations and institutions are asked to consider when addressing transfer of credit requests and academic quality. Meeting these responsibilities can result in accrediting organizations and institutions working together to further strengthen accreditation as a force for good in the transfer of credit process.

For accrediting organizations and institutions that have already addressed these responsibilities, the Framework serves as an important reminder that transfer is an issue that continues to require careful attention. For other accrediting organizations and institutions that have yet to address transfer, the Framework can serve as a basis for the development of sound transfer policy and practice.

The Transfer Framework is offered as an advisory document for accrediting organizations and institutions. CHEA and the accrediting organizations believe that efforts to strengthen transfer would be most successful if approached in a collegial manner; the Framework does not constitute an accreditation or recognition standard.

*The CHEA *Statement to the Community: Transfer and the Public Interest* is available on the CHEA Website at www.chea.org.

***"Recognized" accrediting organizations are those bodies that have been reviewed and meet the standards for recognition of either CHEA or the United States Department of Education (USDE). For additional information about CHEA or USDE standards, please visit their Websites at www.chea.org and www.ed.gov.

TRANSFER OF CREDIT AND RESPONSIBILITIES TO STUDENTS AND THE PUBLIC

Each of the four criteria in the CHEA *Statement* can be met through accrediting organizations and institutions attending to key responsibilities to students and the public when addressing transfer of credit:

- *Attention to Accrediting Organization and Institutional Transfer Policy and Procedure*
- *Development of Accurate and Timely Information for Students and the Public about Transfer of Credit*
- *Ongoing Communication with Students and the Public about Transfer of Credit*
- *Attention to Improvement of Transfer Practices Through Technology*

Attention to Accrediting Organization and Institutional Transfer Policy and Procedure

The first CHEA *Statement* criterion, balance in the use of accredited status in making transfer decisions, is advanced by a sound policy foundation:

- Developing and maintaining clearly stated policies and procedures for consideration of transfer of credit.
- Assuring organizational and institutional accountability for following established policies and procedures.
- Providing sound mechanisms for ongoing review and updating of policies and procedures.

Development of Accurate and Timely Information for Students and the Public about Transfer of Credit

The second CHEA *Statement* criterion, consistency in the considerations used to evaluate transfer requests, is advanced by accurate information about transfer that is readily available:

- Providing current and reliable information about transfer of credit policies and procedures in a routine manner.
- Distinguishing the information obligations of institutions to students and the public when they function as *sending* institutions (institutions from which students wish to move) from when they function as *receiving* institutions (institutions to which students wish to move).
- Identifying to students and the public the essential academic factors that are involved in transfer of credit decisions, e.g., existing course equivalencies; articulation agreements that recognize experience and credits in a range of areas as well as course equivalencies; grades; comparability; course level, content, and applicability toward a degree or major; and course or program prerequisites.
- Identifying to students and the public the specific steps that must be taken when attempting transfer of credit, e.g., meeting deadlines for consideration of transfer requests, identifying material to be sent to receiving institutions, and obtaining needed assistance from a sending or receiving institution.

Ongoing Communication with Students and the Public about Transfer of Credit

The third CHEA *Statement* criterion, accountability for effective public communication, is advanced through careful attention to the means and scope of communication:

- Maintaining ongoing exchange with students and the public about transfer of credit opportunities and limitations through, e.g., catalogs, counseling and advising, student chatrooms, and Websites.
- Sustaining ongoing contact and information exchange among institutions that routinely send and receive transfer students.
- Providing information to students and the public about special circumstances that may affect the ease or difficulty of course, program, or degree transfer of credit.

Attention to Improvement of Transfer Practices Through Technology

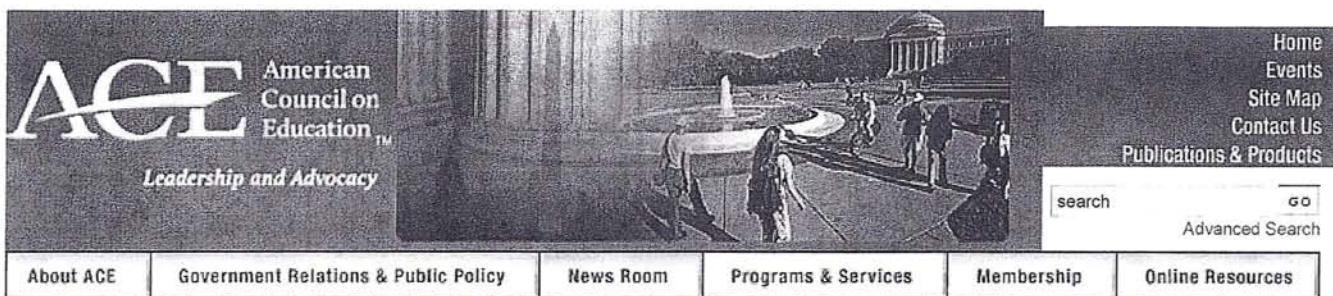
The fourth CHEA *Statement* criterion, to address innovation in managing transfer, is advanced through the capture of the benefits of electronic technology in the service of smooth transfer of credit practices:

- Providing, where feasible, access to software programs that offer customized transfer information to students and making these programs readily available online.
- Expanding the use of accrediting organization Websites to provide information about accreditation transfer policies and procedures.
- Expanding the use of institutional Websites to provide transfer information, e.g., software programs that provide tracking data and other information to students, advisors, and counselors.
- Introducing, where feasible, electronic applications for transcript analysis and other key functions that must be carried out to make transfer of credit decisions.

Student mobility and opportunity in higher education rely in part on successful transfer of credit. Recognized accrediting organizations and CHEA are committed to the enhancement of both mobility and opportunity through transfer of credit.

Council for Higher Education Accreditation

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Criteria and Guidelines for Membership as an ACE CREDIT Affiliate College

Colleges that are members of the CREDIT Affiliate College network must meet the following conditions for membership as stated in the Terms of Agreement.

Conditions for Membership

1. Current and continuing [ACE membership](#).
2. Degree-granting institution accredited by an institutional agency recognized by the U.S. Department of Education or by the Council for Higher Education Accreditation (CHEA).
3. Subscribe to the principles of [Joint Statement on the Transfer and Award of Credit](#).

Activities Include

1. Represent ACE CREDIT as an Affiliate College in the state or region in activities limited to those outlined in the agreement.
2. Promote acceptance of ACE CREDIT recommendations to colleges and universities within the state or region.
3. Recruit accredited colleges and universities within the state or region to become ACE CREDIT cooperating or affiliate colleges and universities.
4. Recruit and refer qualified college and university faculty to ACE CREDIT for possible assignment to review teams.
5. Promote ACE CREDIT Recommendation Service to organizations that provide collegiate level instruction and training (clients), following ACE CREDIT marketing and promotional guidelines.
6. Refer prospective clients to ACE CREDIT for the review of workforce training, apprenticeship programs, and examinations.
7. Use only ACE-provided or ACE approved materials to promote ACE CREDIT.
8. Provide annual reports to ACE CREDIT which include the following: number of students who submitted ACE transcripts and the amount of academic credit awarded; list of referred cooperating colleges and

faculty reviewers; any presentations, workshops, and meetings conducted on behalf of ACE CREDIT; advisory services performed for ACE CREDIT; and referral of new clients.

9. Host or participate in meetings conducted by ACE CREDIT. Affiliate College representatives will be responsible for their own travel and other meeting-related expenses.

Contact Mary Beth Lakin at Marybeth_Lakin@ace.nche.edu to request a CREDIT Affiliate Application.

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Remarks by

Brian Newman

Director, State Affairs

Association of Private Sector Colleges and Universities

to the California Board of Registered Nursing

Los Angeles, California

May 17, 2011

I am here today to offer remarks on behalf of the Association of Private Sector Colleges and Universities, a voluntary membership organization of regionally and nationally accredited, private, postsecondary schools, institutes, colleges and universities that provide career-specific educational programs. APSCU has over 1,800 members – including 174 in California – that educate and support almost two million students each year for employment in over 200 occupational fields.

Nursing programs offered at regionally and nationally accredited private colleges and universities play an important role in responding to the growing demand for nursing graduates seen at hospitals, cancer centers and other medical facilities around the country. In California, according to U.S. Department of Education IPEDS data, which may have different definitions and methodologies from data collect and reported by the California Board of Registered Nursing, private sector colleges and universities (PSCUs) awarded 11% of RN credentials in 2008 – 2009, including 11% of Associate's degrees, 12% of Bachelor's degrees and 6% of Master's degrees.

In regard to the proposal being considered by the Board of Registered Nursing, APSCU supports accreditation by an institutional accreditor recognized by the U.S. Department of Education for prelicensure registered nursing programs. We however strongly believe that both regionally and nationally accredited institutions should be able to offer prelicensure registered nursing programs if they are able to satisfy the other regulatory requirements of the Board.

In this regard, it is important to note that both regional and national accrediting agencies recognized by the U.S. Department of Education undergo the same rigorous approval process. This includes making sure the accreditor has standards effectively addressing the quality of the institution in several areas, including:

- Faculty;
- Facilities, equipment and supplies; and
- Success with respect to student achievement in relation to the institution's mission, which as appropriate, includes consideration of course completion, State

licensing examination, and job placement rates.

Furthermore, nationally accredited institutions are all eligible for programmatic accreditation by the National League for Nursing Accrediting Commission (NLNAC) and the Commission on Collegiate Nursing Education (CCNE). In fact, NLNAC specifically mentions the Accrediting Bureau of Health Education Schools (ABHES), the Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT), the Distance Education and Training Council (DETC), and the Accrediting Council for Independent Colleges and Schools (ACICS), in addition to regional accrediting agencies, as entities that must accredit the underlying institution.

In supporting a regional accreditation requirement, Board of Registered Nursing staff has indicated that transferability of academic credits, particularly to public colleges and universities, is the “most compelling reason for WASC/regional accreditation.” While accreditation is one of many factors in the acceptance or denial of transfer of credit, it is by no means a magical elixir.

If this were the case, the legislature would not have had to pass the Student Transfer Achievement Reform Act last year to address transfer of credit between regionally accredited public institutions in the state. According to an official summary of the bill, “current law does not require alignment between CCC and CSU, required coursework for transfer can vary widely from campus to campus, and students seeking transfer can become confused, frustrated, and discouraged.”

APSCU is deeply concerned that if the proposed regional accreditation requirement were to be approved the only outcome would be closure of nursing programs at nationally accredited institutions and the resulting decrease of nursing graduates. While this may please some currently practicing, it would by no means improve patient care nor meet the state and the nation’s need for skilled registered nurses. With the State of California facing an unprecedented fiscal crisis, I would encourage the Board to review Objective D2 of its 2006 Strategic Plan. This states that the Board should “facilitate approval of new and expanding nursing school programs that are qualified to educate competent RNs.”

Private Sector College and Universities, both nationally and regionally accredited, stand ready to provide the resources, dedication and commitment to educate competent RN’s. Accordingly, any accreditation requirement adopted by the Board of Registered Nursing should include both national and regional accrediting bodies recognized by the U.S. Department of Education.

Board of Registered Nursing hearing about Institutional Accreditation

Los Angeles May 17th, 2011

1 Accreditation vs. approval

West Coast University supports the idea that any institution seeking approval to offer a prelicensure nursing program should carry institutional accreditation, and in order to ensure that issues of financial stability and overall quality of the educational institution are addressed, that accrediting body should be recognized by the US Department of Education.

There are two types of institutional accreditors, national and regional, that are eligible for approval by the Department of Education (ED). To earn ED approval, an accreditor must prove that it holds its covered institutions to high standards of academic rigor, as well as ensuring consumer protections are in place for students. Both mandate that schools meet high standards of educational quality, and both do a thorough review of a schools administrative capacity, its finances, its educational programs, student outcomes and student services.

Programmatic accreditation addresses the specific educational requirements of that area of study. In the case of nursing, the two programmatic accreditors, NLNAC and CCNE, address the national nursing education requirements based on established national standards of nursing. Both of these accreditors require the school to be institutionally accredited by either national or regional accreditors approved by the US Department of Education. Neither the professional organization associated with the nursing accreditors (NLN and AACN) nor their affiliated accreditor (NLNAC or CCNE) restrict membership or accreditation requirements to a specific type of institutional accreditation.

2 Transferability of Academic Credit

ED, CHEA, WASC and the national accreditors all agree that there should be transferability of credits between institutions. In fact the Department of Commerce (DOC) also agreed and has filed actions for Restraint of Trade against schools that were not awarding transfer credit on the quality and comparability of the class, but rather on the institutional accreditor of the original school. ED has also stated that this practice is unfair, and creates additional strain on the federal student aid program, as students are often forced to take the same course twice. The Veterans Administration (VA) also agrees and will not pay twice for the same class.

The problem is that **transferability of credit is not consistent and is not guaranteed no matter what institutional accreditor is involved**. In fact WASC specifically does not prohibit transfer of credit from any other type of accreditor, national or regional; it is solely at the discretion of the institution accepting the transfer. And being WASC accredited is not a guarantee of transfer, even between WASC approved schools.

Perhaps a better objective for transferability of credits would be to work with the state legislature and schools to develop a system that would foster the acceptance of transfer credits. There are systems in place already that could be adopted, such as the American Council of Education (ACE) that has such a program. (Provide details)

3 Degree granting colleges and universities

West Coast University agrees that nursing is a profession and it should be associated with attaining a degree. Therefore we agree that the BRN focus their approval process on nursing programs that offer degrees; however WASC is only one method of gaining approval to offer a degree program. National accreditors, approved by US ED, can also approve degree programs.

4 Comparability with accreditation requirements and other professions

While other professions may require their degree granting institutions to be regionally accredited **nursing programmatic accreditors do not require regional accreditation.** In addition, in California a student may attend an unaccredited school and sit for the bar exam. The issue is whether the student can pass the licensing exam, not the accreditation of the school attended.

5 Comparability with accreditation requirements for public institutions of higher education.

The national accrediting bodies are subject to the same level of review by the US ED as the regional accreditors, and their nursing outcomes are comparable to those of WASC accredited institutions.

6 Degree granting authority

West Coast University agrees with the need to provide a degree upon graduation from a BRN approved nursing program. Nationally accredited institutions are also eligible to offer degree programs.

Position Statement: Opinion re:
**Insinuated: Requirement for pre-licensure nursing programs
(schools) to be accredited solely by regional accreditation.**

Dianna Scherlin, RN, DNP (ABD), CAGS, MS, BS, AD
Associate Chief Academic Officer/ Dean of the University
Interim Dean of Nursing
American University of Health Sciences
1600 E. Hill Street- Building 1, Signal Hill, CA 90755
562-988-2278

1. Question: Should schools that have pre-licensure nursing programs be accredited?

- ❖ We believe that accreditation is a good thing for all schools of higher education and for all programs.
The goal of accreditation is to ensure that higher education institutions meet acceptable levels of quality. Accreditation is a voluntary non-governmental process which involves systematic and continuous review, peer review, self examination and rigorous adherence to quality standards. **By means of achieving accreditation, a program, nursing or other agrees to uphold the quality standards set by the accreditation organization.** Accreditation is a tool used around the world to monitor, assess and evaluate quality standards in higher education institutions.
"Accreditation is a means of self-regulation and peer review adopted by the educational community. The accrediting process is intended to strengthen and sustain the quality and integrity of higher education, making it worthy of public confidence"- Middle States Commission on Higher Education
"Accreditation is a voluntary process in which educational institutions submit their programs and credentials to regional evaluating organizations. These groups' approval guarantees that certain minimum standards are met by all accredited institutions"- Western Interstate Commission for Higher Education
"Accreditation in higher education is a collegial process of self-review and peer review for improvement of academic quality and public accountability of institutions and programs"- Council for Higher Education Accreditation
"Accreditation . . . aids institutions in developing and sustaining effective educational programs and assures the educational community, the general public, and other organizations that an accredited institution has met high standards of quality and effectiveness"- Western Association of Schools and Colleges
- ❖ We support and the accreditation process and believe it should be a requirement for any institution that provides a student with a degree. **In the United States, only the Department of Education (DOE) and the Council for Higher Education Accreditation (CHEA) have the formal authority, expertise and capacity to review and evaluate the effectiveness of institutional accreditors.** According to CHEA, "Accreditation is a process of external quality review used by higher education to scrutinize colleges, universities and higher education programs for quality assurance and quality improvement. Accreditation in the United States is more than 100 years old, emerging from concerns to protect public health and safety and to serve the public interest."

2. Question: If it is a requirement that pre-licensure nursing programs be accredited, then what accreditation is appropriate?

- ❖ We support that any university or college accredited by a DOE or CHEA approved accreditation body is an acceptable and appropriate accreditation and promotes program quality and safeguards students. Although public institutions generally are accredited by regional accreditation bodies, many private nursing programs in the state are accredited by the Accrediting Council for Independent Colleges and Schools (ACICS) or similar institutions approved by the DOE or CHEA. Founded in 1912, ACICS was first recognized as an authority on institutional quality and integrity by the federal government and has been continuously reviewed by the federal government for quality and substance since 1956. Nationally ACICS accredits more than 3,000 health care related programs and in

California, ACICS assures the quality of more than 70 colleges and schools including 12 that offer nursing programs.

The Accrediting Commission for Community and Junior Colleges (AJCJ), commonly known as "Junior WASC" and the Western Association of Schools and Colleges (WASC), known as "WASC Senior" are not the only two DOE recognized accreditation agencies listed on the **California Post-Secondary Education Commission's** Website whose purpose is to:

- Develop an ongoing statewide plan for the operation of an educationally and economically sound, vigorous, innovative and coordinated system of postsecondary education;
- Identify and recommend policies to meet the educational, research and public service needs of the State of California; and
- Advise the Governor and Legislature on policy and budget priorities that best preserve broad access to high quality postsecondary education opportunities.

An analysis of the accreditation requirement for AJCJ, WASC and ACICS- attached - demonstrates that for the most part, there are no discernable differences in accreditation for regional vs. national accreditation bodies. According to the DOE and CHEA WASC as well as ACICS and other accreditation agencies are reliable authorities on institutional quality and integrity. Any differences noted suggest that for private institutions that use a national accreditation agency such as ACICS, the requirements for accreditation may indeed be more difficult and the bar higher to achieve.

❖ The effects of requiring accreditation such as that provided by WASC without the recognition of other Department of Education approved regional or national accrediting bodies may create untoward unforeseen effects.

- Fewer nursing graduates for California, a state **which is already struggling** to produce nurses in the predicted shortage as some schools may decide not to pursue regional accreditation as it is costly and very time consuming. California currently and in the foreseeable future, **lacks the capacity, resources and ability to produce all the nurses needed for the state, therefore private schools are able to fill the gap that is left by these public institutions.** Often because of readily available resources, unlike public tax-supported schools, many private schools are able to adjust admission levels to meet student and industry demands compared to public schools who must necessarily cap enrollment because of more limited, tax-support revenues, thereby severely curtailing the number of available slots for enrollment and matriculation in the State of California. In many cases, because of lack of availability of clinical slots, many private nursing schools have been willing to take clinical rotations on off hours and weekends to accommodate student learning, therefore have been able to take advantage of the ability to change quickly to meet student and industry needs.
- Should accreditation be required through WASC for example as a regional accrediting body for the West, **increased costs for students who wish to attend private colleges and universities may result** because in addition to those national or other regional accreditations these schools may already hold, they now must bear the extra burden and fees associated with additional accreditation which may be time consuming, duplicative and expensive and these increases will certainly be passed on to students.
- Should regional accreditation be required through WASC only, **this may not translate into any more effective oversight thereby not driving and assuring quality** as compared to for example other national or regional accrediting bodies which are also approved by the Department of Education and who may specialize in accrediting health care education programs. This added demand **may result in decreased choice for student consumers** who must wait and perhaps be rejected from public regionally accredited programs that may never be able to admit them.

- ❖ Private colleges and universities who receive federal student aid are held to equally high standards when compared to other public institutions.
 - In general, **private intuitions have much lower attrition rates, much higher completion rates** and generally do as well on national indicators such as the NCLEX-RN examination as students who graduate from regional accredited institutions because **they are often willing and able to devise nurturing academic assistance programs which help students through these programs.** Because of the oversight by the Department of Education of private schools, in the interest of protecting the public, higher standards are often required for private institutions to continue to operate whereas not so much for public institutions. Private institutions do not put a burden onto the tax payer who must subsidize public institutions. This must be a primary concern for Californians who are struggling to meet the demand for more taxes.
- ❖ Accreditation through WASC versus a national accreditation body has not been shown to provide a better outcome for students.
 - Because nursing is an evidence-based practice, we are compelled to provide the evidence that regional accreditation such as that provided by WASC is better than national accreditation or another regional accrediting body. **Currently, there are no studies which would suggest that regional accreditation as granted by WASC assures a better outcome for students than say those schools approved by national accrediting agencies and/or other regional accrediting agencies that are also approved by the Department of Education.**
- ❖ There must be a more effective mechanism for articulation agreements to be developed and implemented that ensures all California schools who meet the rigorous requirements of regional accreditation through for example WASC or another Department of Education regional or national accreditation body to allow the ease in transfer of credits.
 - While it is recognized that there is a need for articulation agreements which allow the transfer of credits in a more cohesive manner, **discriminating against students who have taken college and university level courses in non-regionally accredited institutions but in another Department of Education approve accredited regional or national approved college or university is unfair and perhaps unethical.** Both the American council on Education (ACE), CHEA and all regional accreditation bodies have adopted policies that state that the transfer of credit should not be based upon an institutions accreditation status but rather the merits of the course in question. Nonetheless, it is high time that private and public schools meet in the arena to devise a statewide articulation agreement to assure that courses taken from a Department of Education approved accreditation agency, have a mechanism for transfer of credits throughout the state. The idea of an articulation agreement is hardly a novel concept, but one that has been tried and proven effective throughout the country.

Requiring colleges and universities to be accredited by either a regional or national accreditation body is a good idea and should be supported.

Requiring regional accreditation for all schools is a poor idea. **Only one accreditation body would mean that a monopoly on accreditation would exist.** A monopoly is never a good thing when it comes to quality initiatives and good ideas. Regional accreditation is costly, time consuming and not proven to be any better than national accreditation. Since the Department of Education and the Commission on Higher Education currently regulate all accreditation bodies, similarities abound- each accreditation program asks for the same information albeit perhaps in a slightly different way and each program accredited rather regionally or nationally must meet set standards for quality. **The argument that requiring regional accreditation for all schools in order to enable students to progress through programs smoothly does not hold water.** Colleges and Universities should evaluate a student's prior learning by content and credits of the courses, period. Otherwise discrimination exists and this is an unethical practice. Equal work deserves equal credit. There is not reason that any school should discriminate against a student on the basis of accreditation since all accreditation standards are approved or originate from the federal government.

Comparison of accreditation standards of regional and a private accreditation body.

ACCJC	WASC	ACICS	Differences
<p>Standard I: Institutional Mission and Effectiveness - The institution demonstrates strong commitment to a mission that emphasizes achievement of student learning and to communicating the mission internally and externally. The institution uses analyses of quantitative and qualitative data and analysis in an ongoing and systematic cycle of evaluation, integrated planning, implementation, and re-evaluation to verify and improve the effectiveness by which the mission is accomplished.</p>	<p>Standard I: Defining Institutional Purposes and Ensuring Educational Objectives</p> <ul style="list-style-type: none"> • Institutional Purposes • Integrity <p>The institution defines its purposes and establishes educational objectives aligned with its purposes and character. It has a clear and conscious sense of its essential values and character, its distinctive elements, its place in the higher education community, and its relationship to society at large. Through its purposes and educational objectives, the institution dedicates itself to higher learning, the search for truth, and the dissemination of knowledge. The institution functions with integrity and autonomy.</p>	<p>Criteria:</p> <p>3-1-100 – Mission: Purpose and Objectives 3-1-200 – Organization 3-1-400 – Relations With Students 3-1-700 – Publications</p>	<p>No discernable differences. ACICS may be more prescriptive than ACCJS.</p>
<p>Standard II: Student Learning Programs and Services -The institution offers high-quality instructional programs, student support services, and library and learning support services that facilitate and demonstrate the achievement of stated student learning outcomes. The institution provides an environment that supports learning, enhances student understanding and appreciation of diversity, and encourages personal and civic responsibility as well as intellectual, aesthetic, and personal development for all of its students.</p>	<p>Standard II: Achieving Educational Objectives through Core Functions</p> <ul style="list-style-type: none"> • Teaching and Learning • Scholarship and Creative Activity • Support for Student Learning <p>The institution achieves its institutional purposes and attains its educational objectives through the core functions of teaching and learning, scholarship and creative activity, and support for student learning. It demonstrates that these core functions are performed effectively and that they support one another in the institution's efforts to attain educational effectiveness.</p>	<p>Criteria:</p> <p>3-1-410 – Admissions and Recruitment 3-1-430 – Tuition and Fees 3-1-440 – Student Services 3-1-500 – Educational Activities 3-1-510 – Program Administration, Planning, Development, and Evaluation 3-1-520 – Credentials Conferred</p>	<p>No discernable differences. ACICS has a harder standard to meet and is more prescriptive than ACCJS as it includes additional criteria for bachelors and masters programs.</p>

<p>Standard III: Resources The institution effectively uses its human, physical, technology, and financial resources to achieve its broad educational purposes, including stated student learning outcomes, and to improve institutional effectiveness.</p>	<p><i>Standard III: Developing and Applying Resources and Organizational Structures to Ensure Sustainability: Faculty and Staff; Fiscal, Physical and Information Resources; Organizational Structures and Decision-making Processes. The institution sustains its operations and supports the achievement of its educational objectives through its investment in human, physical, fiscal, and information resources and through an appropriate and effective set of organizational and decision-making structures. These key resources and organizational structures promote the achievement of institutional purposes and educational objectives and create a high quality environment for learning.</i></p>	<p>Criteria: 3-1-530 – Instruction 3-1-300 – Administration 3-1-540 – Faculty 3-1-600 – Educational Facilities 3-1-800 – Library Resources and Services</p>	<p>No discernable differences</p>
<p>Standard IV: Leadership and Governance - The institution recognizes and utilizes the contributions of leadership throughout the organization for continuous improvement of the institution. Governance roles are designed to facilitate decisions that support student learning programs and services and improve institutional effectiveness, while acknowledging the designated responsibilities of the governing board and the chief administrator.</p>	<p><i>Standard IV: Standard Four – Creating an organization committed to learning and improvement. Strategic Thinking and Planning; Commitment to Learning and Improvement The institution conducts sustained, evidence-based, and participatory discussions about how effectively it is accomplishing its purposes and achieving its educational objectives. These activities inform both institutional planning and systematic evaluations of educational effectiveness. The results of institutional inquiry, research, and data collection is used to establish priorities at different levels of the institution, & to revise institutional purposes, structures, & approaches to teaching, learning, scholarly work</i></p>	<p>Criteria: 3-1-110 – Institutional effectiveness 3-1-420 – Standards of Satisfactory Progress</p>	<p>ACICS holds programs to higher standards requiring quarterly updates to quality initiatives whereas the regional accreditation bodies generally require annual updates.</p>



REMARKS BY

Dr. Albert C. Gray, Ph.D.

To the California Board of Registered Nursing

Tuesday, May 16, 2011

Los Angeles, CA

Ms. Bailey, Members of the Board, Good Afternoon. My name is Al Gray, and I'm the Executive Director and Chief Executive Officer of the Accrediting Council for Independent Colleges and Schools, also known as A C I C S, based in Washington, D.C.

ACICS is the oldest and largest accreditor of degree-granting career colleges and schools in the U.S. We assure the quality of more than 860 institutions in 46 states and 10 countries, serving a combined enrollment of more than 800,000 students. Our agency was formed in 1912; we will celebrate our 100th Year as a quality assurance organization next year.

ACICS is recognized by the U.S. Department of Education and the Council for Higher Education Accreditation or CHEA. We have been continuously recognized by the Department since 1956, and our current recognition by CHEA occurred during the formative years of that organization. In those respects, ACICS is quite comparable to the

Western Association of Colleges and Schools, except that our authority is national – all 50 states plus Puerto Rico – whereas WASC has authority to accredit institutions in a specific geography only. It also so happens that as an organization, we are older than WASC and some of the other regional accreditors.

In California, ACICS accredits more than 70 career colleges and schools enrolling more than 28,000 students. Some of the institutions are for-profit, some are not-for-profit. None of them are public.

Currently, ACICS accredits 13 institutions in California that offer nursing programs. Those colleges serve more than 4,200 students; the average rate at which they retain their students through the entire course of study is nearly 90 percent, and their placement rate for the last full report year (2009) was nearly 82 percent. Unlike regional accreditors, ACICS requires all institutions to report retention and placement rates each year, and those rates are verified and audited by site review teams. The colleges and schools are subject to sanctions and penalties if the rates fall below prescribed thresholds. Furthermore, nursing programs must disclose and track the rates at which their student pass professional nursing examinations, and if the pass rate falls below standards, the program can be excluded from the institution's grant of accreditation.

ACICS strongly encourages all of our institutions offering nursing programs to seek and achieve programmatic accreditation from either NLNAC (National League for Nursing Accrediting Commission) or CCNE (Commission on Collegiate Nursing Education).

Both NLNAC and CCNE have formally reviewed ACICS' institutional accrediting standards and deemed them to be sufficiently rigorous to make ACICS accredited institution eligible for programmatic accreditation.

Regarding the proposed regulations, let me be clear: ACIC shares with the Board or Registered Nursing the laudable goal of quality education through the application of rigorous standards and eligibility requirements. Our concern is that BRN is considering accreditation by WASC or a regional counterpart as THE ONLY acceptable form of pre-licensure nursing education. If enacted, the policy will establish arbitrary and anti-competitive barriers to graduates of nationally accredited pre-licensure nursing programs. More directly, the policy would curtail or eliminate the ability of ACICS accredited institutions to contribute professional, well-trained graduates to the supply of nurses demanded by communities across the state.

A couple of key points to consider:

- No substantive distinction exists between a regional accrediting agency and a nationally recognized accrediting agency – the Department of Education holds all institutional agencies accountable to the same rigorous process and criteria. Thus, making distinctions between “regional” and “national” accreditation defies the empirical, authoritative information available to the Board, the State of California and the general public.

- The Department reviews the standards and practices of all national and regional accreditors every five years. The Department has deemed ACICS, as well as WASC, to be reliable authorities on institutional quality and integrity.
- Regarding transfer of credit, the issue cuts across all sectors of higher education, regardless of source of accreditation. Many disputes regarding transfer of credit involve public, regionally-accredited community colleges and state universities. In California, the issue of transfer of credits frequently involves students from one regionally accredited institution attempting to transfer academic credit to another regionally accredited institution. Requiring “regional only” accreditation will have little impact on this phenomenon.
- Regarding degree granting authority, while some career colleges in California are currently exempt from review by the Bureau of Private Post-Secondary Education on the basis of regional accreditation, that exemption is conditional and time-bound; it will be revisited by the California legislature in a few years and should not be considered durable or perpetual. Furthermore, ACICS institutions in California have benefitted from the additional scrutiny and review provided by the Bureau; that additional level of oversight is a strength, not a deficiency to be applied to nursing education policy.

In summary, regarding the proposed accreditation policy, ACICS respectfully recommends the Board adopt a regulation that requires that the institution offering a nursing program must be institutionally accredited by an agency recognized by, and in good standing with, the U.S. Department of Education.

I appreciate the opportunity to provide comment on the proposed accreditation requirement, and I welcome any questions you may have.

Atten: Leslie A. Moody,
NEC, Board of Registered Nursing,
1625 N. Market Blvd., Suite N-217
Sacramento, CA 95834-1924

May 17, 2011

RE: Input to the BRN regarding proposed regional accreditation requirement for schools providing or affiliating with a pre-licensure registered nursing program.

Dear Leslie,

We are the Shepherd University that is deeply concerned about the recent public forum regarding the proposed regional accreditation requirement for schools providing or affiliating with a pre-licensure registered nursing program. As you stated it in the minute, we are one of the 8 schools that offers a pre-licensure program under the BRN. And we are among 4 schools that are seeking WASC regional accreditation. And as you know it, Shepherd University is also seeking national accreditation as we have our own specific mission and purpose. From the Shepherd University's vantage point, the following input be forwarded to you.

First, we agree that a school seeking a pre-licensure RN program be accredited. There is no doubt about that. There are many compelling reasons for the school to be accredited. Such reasons had been specifically discussed in the published minute in the Board meeting, February 2, 2011 particularly in the background section.(Pages 10-12).

However, the question we have is that although regional and national accreditation was recommended and discussed in the background story, why did the board only come out with the proposal for regional accreditation regulation? Is it because those who were in the Board meeting graduated from the public schools that were only regionally accredited? Have you discussed about the diversity in designing such proposal? Do you know that, just as the regional accreditation, the national accreditation has every quality-assuring process, providing benefit and meeting the needs of students? It is just that each accreditation body has specific mission and goal in such a way each institution seeks to be accredited with such accreditation. As you may be aware of it, national accreditation is at the same level as regional accreditation as it is also aligned with the public interest. It also has the process that assures the quality of the program. National accreditation has consistent standards. Their credits can be transferred among the member schools and public schools that they made the articulation agreement. It also provides stimulation environment to the education. It also facilitates students access to federal financial aid. Nationally accredited schools have more benefits as its boundary goes beyond the geographical boundary.

Do you know that accreditation in America is a voluntary process in that school has every right to choose kind of accreditation. The reason why certain national accreditations are there is because there is diversity in mission and purpose among each institution. We suggest that the board equal opportunity to the schools either to choose national accreditation or regional accreditation in such a way that the board does not discriminate the kind of institution's purpose and mission.

Secondly, Shepherd University suggest that the Board grant sufficient time (at least 8 years since the regional accreditation requires two visits for candidacy in that each visit requires 2 years and two visits for initial accreditation) for the pre-licensure approved schools seeks accreditation. As you know it, the accreditation process (whether national or regional) is a long process (initial accreditation takes about 8 years) that requires rigorous policy, procedure and implementation. This means that those schools that are approved by the BRN regarding the pre-licensure RN program must be given with enough timeframe to get accredited because you do not want the institution seek to obtain accreditation for the sake of meeting the BRN criteria, but seeking accreditation for their own benefit such as ensuring the quality of the program and meeting student's needs.

Yohan Pyeon
Academic Dean
Shepherd University

FYI, please see the note below from the RN to BSN advisor about non-^{WASC}accredited colleges.

Mary Wickman, RN, PhD

Coordinator, Pre-Licensure Programs

CSUF School of Nursing

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(657) 278-2126 / Fax:(657) 278-3338

From: Crum, Jennifer

Sent: Monday, May 16, 2011 2:30 PM

To: Wickman, Mary

Subject: RE: nonaccredited colleges

Hi Mary,

West Haven University and Kaplan College (used to be Maric College – located in San Diego) are additional non-regionally accredited schools our prospective students have attended.

I am contacted at least once per week from a West Coast grad and I have to explain to them that their credits are not transferable. This is a huge issue locally (and I assume in San Diego too with Kaplan).

These colleges do a huge disservice to students when they tell students they are “accredited”.

Prospective students have also told me that the program directors at West Coast tell them that CSUF does accept their units. I’ve heard this from three separate students.

Let me know if you need any other info about this issue!

Jennifer Crum, MBA

Undergraduate Nursing Advisor

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Louise R. Bailey, MEd, RN, Executive Officer



PUBLIC FORUM - MINUTES

RE: Proposed regional accreditation requirement for schools providing or affiliating with a prelicensure registered nursing program.

DATE/TIME: Tuesday, June 14, 2011 1:00 pm - 3:00 pm

LOCATION: DCA Hearing Room, 1625 N. Market Blvd, Room S 102, Sacramento, CA

NAME/TITLE/ORGANIZATION	ACCREDITATION		REGIONAL		COMMENTS	WRITTEN COPY PROVIDED
	Support	Oppose	Support	Oppose		
Bonny Nickle, Chief Academic Officer/Sr. Vice President Education International Education Corp (IEC) (Emailed 6/14/11)	X			X	A review of the outcomes that regional accreditation agencies employ for programmatic oversight and quality prove to be less stringent and with far lower expectations of student persistence and graduation rates. There is an absence of supporting data or empirical evidence that regional accreditation equates to a higher quality program and the California Department of Education as well as CHEA, do not make a distinction between nationally or regionally accredited institutions.	
Zeneida Mitu, School Director Trinity Vocational Center (Emailed 6/14/11)	X			X	TVC has undergone rigorous accreditation in order to produce qualified and competent graduates responsive to the changing needs of the community the institution serves. TVC is approved by Bureau for Private Postsecondary and Vocational Education (BPPVE) and is approved to participate in programs under the Higher Education Act of 1965, as amended (HEA) and the Federal student financial assistance programs (Title IV, HEA programs). TVC is also approved and accredited by Vocational Nursing and Psychiatric Technicians (BVNPT) and by the Accrediting Bureau of Health Education Schools (ABHES). For this reason, Trinity Vocational Center does not support BRN's proposal to only consider accreditation by WASC.	
Students (past and current), faculty and others from Kaplan College (44 individual emails received 6/11/11) 10 - staff/faculty; 19 past graduates, and 15 current students)	X			X	Emails spoke against requiring regional accreditation as they feel it provides no better guarantee than national accreditations.	



PUBLIC FORUM - MINUTES

RE: Proposed regional accreditation requirement for schools providing or affiliating with a prelicensure registered nursing program.

DATE/TIME: Tuesday, June 14, 2011 1:00 pm - 3:00 pm

LOCATION: DCA Hearing Room, 1625 N. Market Blvd, Room S 102, Sacramento, CA

NAME/TITLE/ORGANIZATION	ACCREDITATION		REGIONAL		COMMENTS	WRITTEN COPY PROVIDED
	Support	Oppose	Support	Oppose		
Michael D. White, Director of Legal & Regulatory Affairs Accrediting Bureau of Health Education Schools (ABHES) (Emailed 6/13/11)	X			X	Because WASC and ABHES (and several other institutional accrediting bodies operating nationally) have all passed the same federal recognition standards, and because there is no other equally valid test of the legitimacy of an accrediting body, the proposal to discriminate in favor of WASC is arbitrary, likely illegal, and against the public interest. ...ABHES fully supports a requirement that institutions offering nursing programs be accredited by an agency recognized by the United States Department of Education. Such a regulation would not only be lawful, but would be in the interests of all California citizens and not just those affiliated with regionally accredited institutions.	X
Garrett Warrick, RN. Graduated from a private college that was nationally accredited but was not WASC accredited.	X		X		Mr. Warrick made a statement that he has not been able to find employment as RN since his graduation and earning a RN license and was still working as LVN. He decided to pursue further nursing education and shared his experience. "Last week was the end of the semester for me, back at my community college, where I completed - AGAIN-Introductory Sociology that I initially finished in nursing school, and a needed UC-transferrable English/Logic/Argumentation Course. I have applied to several schools in the CSU and UC systems, and I was told by all of the admission represenatives that NONE of my credits that I completed would be accepted because my school did not have WASC accreditation."	X
Blanca Gonzales, PA	X			X	Ms. Gonzales shared her experience with the BRN evaluation of her education and credits applied to nursing licensure. After sharing her experience and concerns related to assumption that WASC accreditation implied automatic acceptance of transfer credits by another WASC institution, she indicated that she opposes limiting accreditation to WASC.	X



PUBLIC FORUM - MINUTES

RE: Proposed regional accreditation requirement for schools providing or affiliating with a prelicensure registered nursing program.

DATE/TIME: Tuesday, June 14, 2011 1:00 pm - 3:00 pm

LOCATION: DCA Hearing Room, 1625 N. Market Blvd, Room S 102, Sacramento, CA

NAME/TITLE/ORGANIZATION	ACCREDITATION		REGIONAL		COMMENTS	WRITTEN COPY PROVIDED
	Support	Oppose	Support	Oppose		
Laura Brown, President The California Coalition of Accredited Career Schools	X			X	The Coalition is supportive of accreditation of prelicensure nursing programs. Specifically, The Coalition supports accreditation by an insitutional accreditor recognized by the U.S. Department of Education for prelicensure nursing programs. However, they are opposed to a specific requirement mandating regional accreditation. Mandating regional accreditation has no bearing on the issue of transferability of academic credits. During the March 4th Oversight Hearing of the Senate Committee on Business, Professions and Economic Development the committee and staff had concerns about imposing a regional mandate.	X
Jeff Wilkinson, ITT Technical Institute	X			X	Mr. Wilkinson expressed his support for the institutional accreditation but opposed limiting to WASC accreditation citing it would unfairly limit access for nursing education to students schools nationally accredited that provide quality nursing program. He discussed rigor of national accreditation standards as being euqal to that of regional accreditation.	
Chris Torkilson, Director RN Programs Unitek College	X			X	Passing legislation requiring the use of one accrediting body would cause undue hardship for smaller programs, potentially close some quality programs and is completely against the basic American premise – Freedom of Choice, all things equal. If regional accreditation would ensure comparable quality between all schools of nursing within CA we would wholeheartedly endorse this endeavor. However, it does not. Requiring accreditation by accrediting bodies that utilize stringent criteria demanding accredited programs meet the highest measures of quality should be the goal – and not only one accrediting body ensures this. As noted above after completing a crosswalk between ACCSC, WASC and NLN, WASC criteria are not as stringent as ACCSCS.	X



PUBLIC FORUM - MINUTES

RE: Proposed regional accreditation requirement for schools providing or affiliating with a precicensure registered nursing program.

DATE/TIME: Tuesday, June 14, 2011 1:00 pm - 3:00 pm

LOCATION: DCA Hearing Room, 1625 N. Market Blvd, Room S 102, Sacramento, CA

NAME/TITLE/ORGANIZATION	ACCREDITATION		REGIONAL		COMMENTS	WRITTEN COPY PROVIDED
	Support	Oppose	Support	Oppose		
Margarita Valdes, Chief Academic Officer Unitek College	X			X	In our region the community colleges do not automatically accept general education courses from WASC accredited private schools, 4-year programs do not always accept graduates from WASC accredited associate degree programs – all other criteria being equal. We believe that the intent of this regulation is noble; however, we strongly believe that without more than just mandating the use of one regulating body the intent will never be realized. Ms. Valdes spoke of her experience at Texas where they reached this goal by both public and private schools worked together so that transfer of credits would be possible for students. She stated that the first thing that is needed is to get all interested parties at the same table - both private and public. These public forums are not the means nor are they effective.	X
Robert Johnson, Executive Director California Association of Private Postsecondary Schools (CAPPS)	X			X	Mr. Johnson's written statement indicated that the Association object to both the form and the substance of this proposal. He wrote that he has attended all four of the public forums and have found them to be unstructured and to be more of a platform for the BRN staff to orally announce their concerns with Nationally Accredited Institutions, reading anonymous emails expressing dislike and dissatisfaction with Nationally Accredited Institutions. Mr. Johnson indicated that applicable statutory and case law demonstrate that the BRN proposal is not only unlawful, it judicially contradicted BRN staff statements and conclusions. The statement submitted addresses specific points in the section CAPPS Response to the BRN supporting "bias" for the proposed Regional Institutional Accreditation Requirement.	X



PUBLIC FORUM - MINUTES

RE: Proposed regional accreditation requirement for schools providing or affiliating with a prelicensure registered nursing program.

DATE/TIME: Tuesday, June 14, 2011 1:00 pm - 3:00 pm

LOCATION: DCA Hearing Room, 1625 N. Market Blvd, Room S 102, Sacramento, CA

NAME/TITLE/ORGANIZATION	ACCREDITATION		REGIONAL		COMMENTS	WRITTEN COPY PROVIDED
	Support	Oppose	Support	Oppose		
Paul A. De Giusti, Vice President Government Affairs Corinthian Colleges, Inc. (CCi)	X			X	Mr. De Giusti's statement Requiring postsecondary institutions to change institutional accreditors in order to gain approval from the BRN would impose an unnecessary barrier for their institutions unrelated to the quality of the prelicensure program that an insitution could offer. His statement further addresses each areas described in the BRN's Background Information Paper. He provided a copy of "Joint Statement on the Transfer and Award of Credit" (9/28/01) written by representatives of American Association of Collegiate Registrars and Admission Officers, American Council on Education and Council for Higher Education Accreditation.	X
Sara Mason, Staff to State Senate Business & Professions Committee	X			X	Ms. Mason shared that at the March 4th Senate Oversight Hearing of the Senate Business and Professions Committee the committee and staff expressed a concern about imposing a regional accreditation for purpose of approving a school program could be discreminatory and unconstitutional.	
DeAnn McEwen, California Nurses Association; Statement written by Kelly Green, Regulatory Policy Specialist	X		X		CNA is of the position that regional accreditation provides a framework and standards for educational institutions that are designed to meet California's unique regional, state, and local education standards. With the ongoing budget challenges facing California's public education system, more and more students are turning to private proprietary schools to obtain a nursing education. Many of these schools are placing a heavy reliance upon alternative models of education such as online and distance learning and simulation. Thus, it is of utmost importance that these institutions are required to meet the same rigorous standards that traditional and public nursing programs must meet in order to preserve and protect the integrity and reputation of nursing education in our state.	X



ACCREDITING BUREAU OF HEALTH EDUCATION SCHOOLS

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June 13, 2011

Leslie A. Moody, MSN, MAEd, RN
Nursing Education Consultant
P.O. Box 944210
Sacramento, CA 94244-2100
Email: Leslie_Moody@dca.ca.gov

Re: Written comments to proposed “regional” accreditation requirement for institutions sponsoring nursing programs.

Dear Ms. Moody,

I previously wrote to you on April 18, 2011, on behalf of the Accrediting Bureau of Health Education Schools (ABHES) to comment on discussion by the Board of Registered Nursing (BRN) of an accreditation requirement for institutions sponsoring a nursing program. Since that time, it appears that the BRN has provided further information about this proposal and its “supporting basis.” With this letter, ABHES provides its formal, written comments to the proposal and the bases for the proposal as they are set forth on the BRN website as of this date.

As is discussed below, ABHES agrees that it is reasonable and appropriate for the BRN to require accreditation of institutions that sponsor nursing programs. Doing so is in the interests of California citizens, including nursing students, patients and taxpayers. However, the proposal to limit accreditation to “regional” accreditation is without reasonable justification and therefore unfairly and unlawfully discriminates in favor of one private accrediting agency (WASC), some institutions, and some students against other private accrediting agencies, other institutions and other students. As is discussed below, such discrimination does not serve any legitimate public interest while unfairly advantaging schools represented by the BRN’s members, and is likely a violation of federal and state law.

This proposed discrimination likely violates federal and state laws and public policy in several distinct ways:

- The proposed discrimination benefits a select, private accrediting body (WASC) at the expense of other private accrediting bodies that for purposes of this regulation have demonstrated capabilities that equal those of WASC.
- The proposed discrimination benefits institutions presently accredited by WASC at the expense of other institutions presently accredited by other, legitimate recognized accreditors. Moreover, if WASC accredited institutions are

disproportionately represented on the BRN or its committees, this fact raises conflict of interest questions.

- Compared to the alternative of recognizing both WASC and other legitimate, recognized accrediting bodies, the proposed discrimination will have the foreseeable impact of limiting the number of nursing programs, the number of nursing graduates, and the number of nurses in California. In light of the well documented shortage in the nursing professions, this is clearly against the public interest, causing an increase in the cost and a decrease in access to health care for citizens of California.
- The proposed discrimination will chill the ability of private, for-profit institutions of higher education accredited by “national” accreditors to offer nursing programs in California. Without state subsidies, students at these institutions pay for their education with little or no burden on California taxpayers. Thus, by discouraging these institutions, the proposed discrimination will have the foreseeable impact of placing a greater portion of the cost of education of California nurses on California taxpayers. This is clearly against the public interest.

As a preface to the discussion that follows, it must be understood that accrediting agencies that verify the quality of higher education on the United States are private groups that choose their scope of activities. Among those that accredit institutions of higher learning, some choose to operate in restricted geographic areas (regions) of the country while others choose to operate throughout the country (national). For largely historical reasons, regional accreditors predominately accredit public institutions while national accreditors predominately accredit for-profit, private institutions.

The requirement under consideration by the BRN states in relevant part:

“The institution of higher education offering the nursing program . . . must be accredited by the Junior/Community College or Senior College Division of the Western Association of Colleges and Schools or a regional counterpart.”

WASC is a private association of mostly public colleges formed for the purpose of peer review and assessment of institutions that seek WASC accreditation. WASC is one of several similar private groups in the United States that have elected to operate within specific, geographic boundaries or “regions.” In essence this simply means that schools that are located within the region are eligible to apply and those located outside the region may not.

Notwithstanding the possibility of some isolated exceptions involving California branch campuses of out-of-state institutions accredited by other “regional” accreditors, since WASC is the only “regional” accrediting body that includes California within its boundaries, the requirement under consideration by the BRN virtually mandates WASC

accreditation for every California school offering a nursing program. The proposed requirement grants WASC a virtual monopoly on accreditation of schools with nursing programs in California. This is, of course, a significant restriction on the freedom of other, “national” accreditors to operate in California and a significant restriction on the freedom on California schools to select among legitimate accreditors. It is also a significant restriction on the freedom of choice of prospective nursing students who will only be able to choose schools that are WASC accredited.

A fundamental philosophical tenant in the United States is that the public is better served by competition than by monopoly. This principle applies to the present circumstance, where competition among accreditors can create an incentive for each to offer better, more efficient and more highly regarded accreditation services. Improved accreditation services benefit not only institutions, but also students, employers and the public who rely on the work of accreditors to assure that schools deliver quality.

Although the BRN operates as arm of the state, its actions are governed by both state and federal laws designed to prohibit monopoly and to protect such freedoms as the right of accreditors to operate, of schools to choose among legitimate accrediting bodies, and of students to choose which school they will attend. Under federal law, the restriction that the BRN is considering is lawful only if the loss of these individual rights is outweighed by a public purpose ***and only if the limits imposed on individual rights are no more restrictive than necessary to achieve that public purpose.***

ABHES agrees that enacting a requirement that schools offering a nursing program be accredited serves a public purpose. In the United States, accreditation is the time-honored and proven method by which institutions of higher learning demonstrate that they offer quality education that meets defined standards. Requiring accreditation serves a legitimate public purpose by assuring that schools offering nursing programs have demonstrated that they meet quality standards.

However, the proposed requirement violates both laws protecting competition and the needs of California citizens because it arbitrarily restricts accreditation to WASC (or the largely inconsequential “regional counterpart”). This limitation to a single private entity is without a reasonable basis and is thus more restrictive on competition and the rights of accreditors, schools and students than is necessary to serve the public interest.

The United States Department of Education (DOE) has for decades offered private, accrediting agencies the opportunity to become recognized as reliable authorities on the quality of education offered by institutions of higher learning. Recognition of an accrediting body by the DOE is based on an exceedingly rigorous investigation of every aspect of the accrediting body’s operations and its assessment of institutions against a highly detailed set of criteria. To maintain recognition, an accrediting body must pass such scrutiny at regular intervals that do not exceed five years.

Recognition by the DOE is the best, unbiased, third party verification of the quality of an accrediting body as a legitimate, reliable authority on the quality of higher education

offered by schools it accredits. WASC is recognized by the DOE, and this recognition can serve to assure California and its citizens that students attending nursing programs at schools that are WASC accredited are likely to be offered education of high quality.

However, the Accrediting Bureau of Health Education Schools (ABHES) is also recognized by the DOE under the same criteria and same level of scrutiny with which the DOE assesses WASC. The DOE recognition of ABHES can serve to assure California and its citizens that students attending nursing program at schools that are ABHES accredited are as likely to be offered education of high quality as they would at a WASC accredited school.

Thus, according to the DOE, both WASC and ABHES are reliable authorities on quality of education. However, unlike WASC, which operates only in several states, ABHES operates within the United States. Presumably, because its scope is national, ABHES would be excluded under the proposed new rule that requires WASC or a “regional counterpart.” Because WASC and ABHES (and several other institutional accrediting bodies operating nationally) have all passed the same federal recognition standards, and because there is no other equally valid test of the legitimacy of an accrediting body, the proposal to discriminate in favor of WASC is arbitrary, likely illegal, and against the public interest.

Transferability of Credit and other purported bases offered for the requirement:

I read with interest on the BRN website a suggestion that “transferability of credit” is the “most compelling reason” for requiring WASC accreditation. In point of fact this argument is fallacious and without merit.

It is true, as noted in the proposal, that each, separate institution sets its own criteria for accepting credits from other schools. It is true that some institutions may have arbitrarily decided they will only consider transfer credits from schools accredited by a “regional” accreditor. (Institutions that do this are almost certainly themselves regionally accredited). However, regional accreditation is no guarantee whatsoever that credits will be accepted. Each school, including each WASC accredited school, sets its own requirements for transfer of credit and each picks and chooses which accredits it will accept and for what purposes. Thus, every WASC school is free to accept or reject credits regardless of where they were earned, whether or not they came from another “regionally accredited” school. The issue of transfer of credit is not an issue of regional or national accreditation, and even requiring all California schools with nursing programs to be WASC accredited will not assure that credits earned while enrolled in a given nursing program will transfer to any other school or even to another program at the same school.

In addition, it should be noted that some years ago the Southern Association of Colleges and Schools (SACS, a “regional” accreditor) enacted rules that would have had schools accredited by that association give preference in the transfer of credits to credits earned at

regionally accredited institutions. **The United States Justice Department, at the request of the DOE, issued an opinion that there was no legitimate distinction between credits earned at schools that were “regionally” accredited versus credits earned at schools that were “nationally” accredited and therefore that the SACCS’s attempt to treat them differently violated federal laws against restraint of trade. (It is likely that the Department of Justice would reach the same conclusion today in considering the BRN proposal to differentiate between “regional” and “national” accreditation).**

ABHES believes that every student should be able to transfer comparable credits between schools and is sympathetic to the BRN concern that too many students find arbitrary barriers in this regard. In so far as nursing programs are concerned, the BRN can have significant and meaningful impact on transferability of credits. The BRN can require that every nursing program that is approved have a proper transfer of credit policy that recognizes credits earned at any other institution with a program approved by the BRN.

In this way, the BRN has the power to directly and meaningful impact transfer of credit. The proposed monopoly in favor of WASC accreditation will not achieve this end.

The other cited “bases for the proposal” similarly do not support discrimination in favor of WASC (or regional counterparts).

1. Whatever is meant by “focus on degree-granting colleges and universities,” this has nothing to do with mandating WASC. A number of recognized “national” accrediting agencies that are excluded by the proposed rule, including ABHES, accredit degree granting institutions.
2. “Comparability with other professions” does not justify engaging in a practice that is likely illegal and certainly against the interests of California and its citizens. It is possible that other professions that enacted overly restrictive and illegal rules in the past have simply not yet been tested in court. The nursing profession is too critical to the citizens of California to repeat such ill advised actions. Eventually other fields that have improperly excluded accreditors, schools and students based on a fallacious distinction between “regional” and “national” will have to face the consequences of such actions. There is no reason for the BRN to follow suit.

In point of fact, other nursing boards in other states that have recently considered this topic have recognized that “regional” accreditation is not a viable distinction and have enacted rules requiring accreditation by an accrediting body recognized by the United States Department of Education, eliminating the concept of “regional” versus “national” in considering accreditation.

Moreover, the National League of Nursing Accrediting Commission (NLNAC), which is responsible for specialized, programmatic accreditation of nursing programs specifically recognizes ABHES (and at least one other recognized “national”

accreditor) as an appropriate accrediting body for institutions sponsoring nursing programs. This recognition allows nursing programs offered by ABHES accredited institutions to seek and be programmatically accredited by NLNAC. The proposed new BRN restriction under consideration thus flies in the face of this recognition of ABHES by the NLNAC, the most prestigious programmatic accreditor of nursing programs in the nation.

3. The statement regarding “Comparability with accreditation requirement for public institutions of higher education” is not in any way an analysis or argument in favor or restricting institutions with nursing programs to regional accreditation. At best what is said under this heading on the BRN website it may be statement of fact regarding present circumstances and individual choices, but it does not support codifying an arbitrary, illegal restriction and making it mandatory.

In summary, let me say again that ABHES fully supports a requirement that institutions offering nursing programs be accredited by an agency recognized by the United States Department of Education. Such a regulation would not only be lawful, but would be in the interests of all California citizens and not just those affiliated with regionally accredited institutions. If the BRN chooses instead to enact a rule the unfairly discriminates against ABHES in favor of “regional” accreditation, then ABHES will be required to make the contents of this comment letter available to the appropriate offices in federal and California government that are responsible for enforcing laws against unfair trade practices.

If I can be of any assistance or answer any questions in regards to this matter please let me know.

Sincerely,

Michael D. White, M.S., J.D.
Director of Legal and Regulatory Affairs

Why do students pick private schools over public?

The needed classes are available, and there is no wait list for any courses. This came in handy for me, as I was legitimately worried about my credits that I earned through community college would expire. None of the classes I needed were impacted at my private school, but they were in the several community colleges in my area.

Private nursing schools are charging too much, and are fully aware of the exploitation of their students. They SELL their expensive programs on having NO WAITING LISTS, and ALL needed prerequisite courses can be completed at their school, without fear of not getting into the class that you need.

There are approximately 474 acute care hospitals in California. Twenty-three of them are Magnet hospitals, with many more of these hospitals working towards magnet status. This means that hospitals ONLY want B.S.N. candidates, to fulfill Magnet requirements, as many currently-employed R.N.s have only their associate degrees.

I was the president of my class and graduated cum laude, earning my associates degree. I've earned the honor to be called a Registered Nurse, but apparently my education level doesn't afford me the privilege to get a job in a hospital as an R.N., regardless of my FIVE YEARS of acute experience as an L.V.N.

How many times were you FORCED to re-earn ALL of the credits that you successfully completed in nursing school? Why should schools be granted accreditation by B.R.N. if their students are trapped into earning their initial degrees, and then their advanced degrees from the same school, without the ability to seek less

expensive educational options? And all the while, newly-graduated R.N.s are still having a difficult time attaining a secure job. How is it fair that students have to take out MORE student loans just to complete the same classes again? This removes needed funds for other students, and causes a greater monetary deficit.

Last week was the end of the semester for me, back at my community college, where I completed – AGAIN – Introductory Sociology that I initially finished in nursing school, and a needed U.C.-transferrable English/Logic/Argumentation course. I have applied to several schools in the C.S.U. and U.C. systems, and I was told by all of the admission representatives that NONE of my credits that I completed would be accepted because my school did not have W.A.S.C. accreditation.

There is no benefit to students by making them RETAKE classes in order to go to a school of their choosing – so they can better themselves with a higher degree, or FORCING them to the locked-in to private schools, and paying through the nose.

Students that attend private nursing schools, take away revenue that could be going to the state, by not attending a public university.

Thank you for your time, and I look forward to all schools having accreditation and giving the ability to all students, former and current, to transfer their hard-earned credits in order to enrich their lives, and the lives of their patients.

Good Afternoon,

My Name is Blanca Gonzales.

I am a Physician Assistant licensed in the state of California.

I have been practicing for over 18 years.

I graduated from the following WASC accredited educational institutions:

- Chaffey Community College
- Western University of Health Sciences with a PA degree
- Azusa Pacific University with a Bachelor's of Science degree and a Master of Arts degree.

All WASC accredited colleges and Universities.

I have a long work history with a major HMO and was encouraged to apply to take the RN exam by many of the RN's with whom I practice.

In 2008 I submitted an application for

Licensure by Examination to the BRN.

I paid the fees, completed the live scan twice, and requested transcripts.

After having extensive discussions with the BRN staff who was analyzing the accredited course work,

I could not obtain a definitive answer from the BRN staff and could not obtain an Authorization to test.

My telephone messages are still ^{by} answered.

I have listened with interest concerning the issue of the proposed regional institutional accreditation regulatory "mandate" for all California Registered Nursing programs.

I have heard about testimony that included antidotal examples of "a growing concern by students" requesting transfer of credit from educational institutions that are not WASC accredited,

I as well as other's are confused as to WASC's "alleged endorsement" of the BRN's proposed regional (WASC) accreditation regulation which seems to imply that all institutions who are WASC accredited accept unconditional credit transfers.

I was also concerned to hear about several faculty members for Nursing Programs at community college's who appeared to leave the impression, thru their respective testimony that if a Registered Nurse program is accredited by WASC than all institutions with WASC accreditation would readily accept the transferred students academic credits/ units earned by a partnered WASC accredited institution.

As we are all aware procedures for transfer of academic credit from one institution to another is subject to the individual institution's transfer credit policy.

In addition each student must meet the established requirements of the academic program and or college into which s/he is transferring. Transfer credits do not necessarily count toward such program requirements and unfortunately testimony is being provided to the contrary by persons who believe that WASC accreditation provides a blanket guarantee to the transferability of academic credit.

Respectfully speaking.....Has the BRN requested information or an opinion from the Community colleges or from the Western Association of Schools and Colleges Accrediting Commission's policy that would add clarity pertaining to the transfer of academic credit from one Institution to another?

therefore, I oppose the proposal.
Thank you for the opportunity to offer my comments on this matter.

Remarks by
Laura Brown, President
The California Coalition of Accredited Career Schools
to the California Board of Registered Nursing
Sacramento, California
June 14, 2011

On behalf of The California Coalition of Accredited Career Colleges (The Coalition), I am here to testify regarding the accreditation of prelicensure nursing programs and in particular the possible mandate of regional accreditation of these programs.

The Coalition is a voluntary membership organization of regionally and nationally accredited, private postsecondary institutions that provide career-specific educational programs.

The Coalition is **supportive of accreditation** of prelicensure nursing programs. Specifically, The Coalition supports accreditation by an institutional accreditor recognized by the U.S. Department of Education for prelicensure nursing programs. In this regard, we share the BRN's desire to have quality assurance and the establishment of rigorous standards and eligibility requirements for nursing programs.

However, **we would be opposed to a specific requirement mandating regional accreditation.** By imposing such a mandate, the BRN would be erecting arbitrary and anti-competitive barriers to graduates of nationally accredited prelicensure nursing programs. The BRN would in effect be creating or enforcing a monopoly of accreditation, serving no legitimate state interest. This would be of serious concern.

Let me make a few points specifically regarding our opposition to a potential mandate of regional accreditation for prelicensure nursing programs:

1. There are no substantive distinctions between regionally accredited and nationally accredited institutions:

Both regional and national accrediting agencies are recognized by the U.S. Department of Education and undergo the same rigorous approval process and criteria. For example, the accrediting agencies must have standards that address the quality of an institution - whether it's regionally or nationally accredited - in several areas, including faculty; facilities, equipment and supplies; and success with respect to student achievement in relation to the institution's mission which includes consideration of course completion, state licensing examination, and job placement rates.

The U.S. Department of Education reviews the standards and practices of all national and regional accreditors every five years and has deemed the accrediting agencies to be reliable authorities on institutional quality and integrity.

So, again, there are no substantive distinctions between a regionally accredited institution and a nationally accredited institution. To make any distinctions between “regional” and “national” accreditation simply ignores the current data available to the BRN.

2. Nursing programs offered by both regionally and nationally accredited private postsecondary institutions are vital in meeting the continuing demand for nurses in California.

This is especially true as budget cuts to community colleges, for example, are resulting in declining course offerings, slashing of enrollment and lack of access for students to educational programs. Community colleges do not have the capacity to meet the growing demand for nursing programs. According to the California Postsecondary Education Commission’s (CPEC) *Community College Enrollment Demand Projects* publication issued in September 2009, hundreds of thousands of prospective students might be denied access to community college education over the next two years.

Our schools play an important role in filling this educational gap and graduating students who go on to become skilled registered nurses.

Limiting the number of qualified candidates to sit for the exam by arbitrarily limiting the providers of quality nursing education programs would also run counter to the demand for qualified nurses.

3. Mandating regional accreditation has no bearing on the issue of transferability of academic credits:

We need to debunk the myth that requiring regional accreditation is the end-all, be-all “fix it” for issues around transferability of credits. Any denial of credits is not a compelling reason to require a regional accreditation. In fact, imposing a regional mandate has little if any nexus to denial of transfer of credits.

The issue of transferability of credits cuts across all sectors of higher education, regardless of source of accreditation. Many disputes regarding transfer of credit involve public, regionally-accredited community colleges and state universities. That is, the denial of credits frequently involves students from one regionally accredited institution attempting to transfer academic credit to another regionally accredited institution. Requiring “regional only” accreditation will have little impact on this occurrence. What it would do, however, is deny nationally accredited institutions from offering nursing programs in order to fix an unrelated problem.

If the BRN wants to look at the issue of transferability of credits then focus on transfer of credits, but don't look at the issue by way of mandating regional accreditation.

4. The Senate Oversight Committee cautioned the BRN to not seek a regional mandate:

During the March 4th Oversight Hearing of the Senate Committee on Business, Professions and Economic Development the committee and staff had concern about imposing a regional mandate. While the committee was supportive of accreditation overall, they cautioned the BRN to not impose a regional mandate.

Specifically, the committee said that "the major problem with this proposal...is that it asks the BRN to only consider accreditation by the Junior/Community College or Senior College Division of the Western Association of College and Schools (WASC accredited schools) or a regional counterpart. Recent case law has made it clear that California can no longer discriminate between accreditors for purposes of approving a school program. Restricting accreditation to those WASC accredited schools would be inconsistent with other state boards which have considered such requirements and with recent attempts to exempt schools only approved by WASC from the state's approval requirements under the BPPE, which approves both degree-granting and non-degree granting schools and programs."

Closing:

In closing, The Coalition is deeply concerned that if a proposed amendment were to be approved to require only regional accreditation, the only outcome would be closure of nursing programs at nationally accredited institutions and the resulting decrease of nursing graduates.

Limiting access to students seeking nursing programs also does not comport with the BRN's Strategic Plan that states that the Board should "facilitate approval of new and expanding nursing school programs that are qualified to educate competent RNs."

We urge the BRN to continue the practice of allowing both regionally and nationally accredited institutions to offer prelicensure nursing programs and to require accreditation overall.



UNITEK COLLEGE
Department of Nursing
4670 Auto Mall Parkway
Fremont, CA 94538
510.249.1060

June 13, 2011

Dear Board of Registered Nursing,

On behalf of Unitek College we would like to submit this statement in relation to the proposed change to require WASC regional accreditation for schools that provide or affiliate with pre-licensure registered nursing education programs. Unitek College is accredited by the Accrediting Commission of Career Schools and colleges (ACCSC). After reviewing the substantive standards between our accrediting body and WASC it was clear that the ACCSC standards were in fact more restrictive and more demanding.

We appreciate the goal to promote transferability between schools, we applaud the goal and believe that it is necessary to pursue; however, even with accreditation by the same body transferability is not guaranteed. This is clearly more about private vs. public and should not be the purview of the Board of Registered Nursing for the State of CA. In our region the community colleges do not automatically accept general education courses from WASC accredited private schools, 4-year programs do not always accept graduates from WASC accredited associate degree programs – all other criteria being equal.

We believe that the intent of this regulation is noble; however, we strongly believe that without more than just mandating the use of one regulating body the intent will never be realized. The state of Texas is a prime example on how to reach this goal – and the first thing that is needed is to get all interested parties at the same table - both private and public. These public forums are not the means nor are they effective.

Passing legislation requiring the use of one accrediting body would cause undue hardship for smaller programs, potentially close some quality programs and is completely against the basic American premise – Freedom of Choice, all things equal. If regional accreditation would ensure comparable quality between all schools of nursing within CA we would wholeheartedly endorse this endeavor. However, it does not. Requiring accreditation by accrediting bodies that utilize stringent criteria demanding accredited programs meet the highest measures of quality should be the goal – and not only one accrediting body ensures this. As noted above after completing a crosswalk between ACCSC, WASC and NLN, WASC criteria are not as stringent as ACCSCS. This begs the question – why this regulation being proposed.

ACCSC requires us to report our retention and placement rates each year, and those rates are audited annually and during onsite visits or upon request at anytime the commissions choose to request the required documented proof. As an ACCSC accredited school we are subject to penalties if our



UNITEK COLLEGE
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placement or job placement rates fall below the standards. Furthermore, as a school who offers a nursing program that requires state licensure we must track and disclose the rates at which our students pass professional nursing examinations to the accrediting agency each year. The last annual report submitted to ACCSC in November of 2010 provided data on three classes of graduates reporting an overall of 92% employment rate where 79 of the 86 students obtained employment after completing the program and passing the NCLEX-RN examination.

Our graduates have been very competitive in the job market and in pursuing advanced degrees. In the past year alone 25% of our graduates have enrolled in accelerated BSN-MSN programs at WASC accredited schools. This current year has already surpassed this number. We encourage all of our students to continue their education and see our program as a stepping-stone to further education. Our program is geared to those who know they want to pursue further education but need to continue to work. It is also a very much needed option for the future of nursing – as our state budget gaps increase and funding to post-secondary schools decrease, decreasing enrollments mandate that we offer alternative, quality education to produce the nurses we will so desperately need in the future. Unless the BRN can guarantee that requiring a single accrediting agency would guarantee the seamless education of all qualified candidates there is no rationale for this proposed change in regulation.

Please note that in addition to the proposal that regional only accreditation would impact transferability of credit there is every evidence that this will have little to no impact – as it does not now. Additionally, Unitek College as many of other institutions, are seeking or have additional accreditation by the National League for Nursing Accrediting Commission (NLNAC) or Commission on Collegiate Nursing Education (CCNE). Both these highly respected and nursing specific accrediting bodies have determined that ACCSC both surpass the required rigor in their accreditation standards to meet their programmatic accreditation requirements.

WASC and ACCSC are both approved by the Department of Education, meeting the same requirements as accreditation commissions. The only significant difference is in the 'region' these entities aim to work in. Although ACCSC is a national agency, labeling WASC with its international scope, regional, is misleading at best. We believe that the rigorous standards and eligibility requirements we had to meet to gain accreditation should not be so easily discarded with rationales that are not factual or borne out by reality.



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Most importantly proceeding with these proposed changes would impose unwarranted restriction on institutions and students causing arbitrary and unfounded barriers to hard-working, qualified nursing students who, for various reasons, chose not to pursue pre-licensure at regionally accredited institutions. Please note that the majority of our students turn to us because of the inability of state schools to meet the demand; as the BRN is aware many state schools have decreased enrollments and for the first time in known history laid off nursing faculty due to the budget constraints in California.

We appreciate the opportunity to provide comment on the proposed accreditation requirement. We hope that our words and those served by all DOE accrediting agencies will be taken seriously and that the needs of all current and potential nursing students in the state of California are taken into account.

Thank you,

Christy Torkildson, RN, PHN, PhDc
Director, RN Programs
E-mail: christyt@unitekcollege.edu

Margarita Valdes, RN, MSN
Chief Academic Officer
E-mail: margaritav@unitekcollege.edu



June 14, 2011

California Association of Private Postsecondary Schools (CAPPS)

Response to the Board of Registered Nursing (BRN) proposed regional accreditation requirement.

On behalf of the Association, including numbers of both regionally and nationally accredited Institutions that provide nurse training programs in California, we object to both the form and the substance of this proposal.

We have attended all four of the “public forums” administered by the BRN and have found them to be completely unstructured and much more of a platform for the BRN staff to orally announce their “concerns” with Nationally Accredited Institutions to the point of reading anonymous emails expressing dislike and dissatisfaction with Nationally Accredited Institutions.

In this somewhat toxic atmosphere, a number of Nationally Accredited Institutions and their Accrediting Agencies presented both oral and written testimony containing specific facts and figures about enrollment, graduation, transfer of credit policies and placement of registered nurses in California by their Institutions. Their attempts to address the vocal concerns of BRN staff, concerns that are unsubstantiated by any factual data, were laudable and CAPPS commends their efforts.

Rather than repeat the excellent testimony provided by Accreditors who are the ultimate experts in Accreditation and the Institutions they accredit, CAPPS will focus on applicable statutory and case law that clearly demonstrate the BRN proposal is not only unlawful, it judicially contradicts a number of BRN staff statements and conclusions.

We regret that the Board did not seek legal counsel review of this proposed regulatory area before conducting these forums. State legislative Counsel and Federal Court decisions that we will discuss, have made it abundantly clear and any perfunctory legal search that pursued this issue of a WASC only or Regional Accreditation policy would have found that it is legally impermissible.

I invite the Board and its legal representatives to re-read the Legislative Councils opinion on AB 48, The Private Postsecondary Education Act of 2009 in regards to exemptions of only WASC Institutions. The result was that State Legislative Counsel concluded under current law that WASC only exemptions were not legal.

CAPPS Response to the BRN supporting “bias” for the proposed Regional Institutional Accreditation Requirement

Accreditation v Approval: BRN’s sole point is that both accreditation and approval are “necessary to ensure quality”. In fact WASC schools in California are not approved by the Bureau for Private Postsecondary Education (BPPE). They are exempt from approval. The only Institutions in California that are both accredited and approved are nationally accredited Institutions. If the BRN is trying to argue that WASC schools are superior because they are both accredited and approved they are mistaken.

Transferability of Academic Credit: BRN staff repeatedly keeps opining, with no factual data, that the “most compelling” reason for their proposed rule is the “increased potential” for transferability of academic credit. Besides the very questionable legal ability to pass regulations based on a wish or “potential” as embraced by the BRN under its rationale, is the total disregard of how academic units actually transfer among Higher Education Institutions.

Let me state the defining Federal case law in this matter that the BRN should have read before embarking on this mistaken and ultimately embarrassing BRN mission.

Saro Daghlian versus DeVry University, 582 F. Supp. 2d 123, 2007 US District Court for the Central District of California, was a case brought by a former student of DeVry, a regionally accredited Institution similar to WASC. The suit was based on DeVry’s “failure” to include the standard transfer of credit warning in the State oversight law (Reform Act of 1998, expired in 2007). The standard warning was that units earned at DeVry, a Regional Accreditor may not transfer to other Institutions.

DeVry successfully defended this class action on the basis that the California State Legislature (this would include a California Regulatory Agency such as the BRN) unlawfully discriminated against DeVry under the dormant Commerce Clause doctrine because they are “facially (and unjustifiably) discriminate against interstate commerce”.

The Court went on to state: “To compete on equal terms with WASC accredited Institutions, DeVry would have had to operate its California campuses effectively as separate California subsidiaries. **The Commerce Clause forbids states from requiring out-of-state entities “to become residents in order to compete on equal terms.”**

The parallel to the proposed WASC only or Regional only regulation is that BRN cannot require an out-of-state Institution, which are many of the Nationally Accredited nurse training Institutions operating in California, to become WASC accredited in order to be eligible under the BRN.

Nor can it compel an out- of -State Nationally Accredited Institution to seek non-WASC Regional Accreditation, if that institution has been legally approved to operate in California by the Legislature, absent a very strict necessity requirement under law, which under these circumstances would not be possible to justify.

The Court definitely states about transfer of credit: **“There is no evidence in the record, for example, that units earned at WASC accredited Institutions are more transferable than units earned at non-WASC regionally accredited Institutions,** such that only the latter should be required to give prospective students transferability (of units) disclosure. The Court goes on. “This is not surprising. As noted, the California Joint Legislative Sunset Review Committee concluded in 2004, after reviewing the Reform Act, that its patchwork of exemptions and partial exemptions from its requirements was not justified by any “clear rationale.”

Out- of- state Nationally Accredited Institutions per this decision cannot be ordered to “become WASC or die” as BRN proposes. While the court chooses not to discuss specifically the National versus Regional distinction, which was not at issue in Daghlion, there is other case law on the books that does, specifically, Southern Association of Schools and Colleges (SACS) attempted to bar all transfer of credit to non-SACS Institutions. The Court decision in that case made it clear that any attempt to limit transfer of credit based on type of Accreditation is discriminatory and will not stand.

As a follow-on analysis to the SACS case and Daghlion, any discrimination between a California based nationally accredited Institutions and out-of-state nationally accredited Institutions by requiring WASC accreditation for California Institutions only also fails the dormant Commerce Clause test for discrimination.

We urge the Board to understand that pursuing a discriminatory policy against nationally accredited nurse trainers will not be successful.

Transfer of units among and between both Regional and Nationally Accredited Institution is fraught with risk. BRN sees a perfect world where all WASC units transfer universally. The truth is far different and even among WASC Institutions that have “articulation” agreements with other WASC Institutions, full or partial transfer of units is not a certainty. To state otherwise is untrue. Yes, we agree that repeating the same course is not sound policy, but receiving Institutions that allow or disallow credit transfers argue that often the transfer course does not meet the specific course requirements and pre-requisites.

WASC Institutional registrars have the unilateral power to allow or disallow credits. It is not up to the Legislature, the BRN or any other Institution other than the receiving Institution to allow full or partial transfer of credits.

Employers also have sole power to decide what courses are reimbursable or not reimbursable. BRN seeks to put itself in the decision makers seat in regards to pre-judging what accreditation will qualify for employer subsidy and what will not. This is far beyond the scope of the BRN and subject to employer policies that the BRN cannot and should not attempt to influence.

Focus on Degree Granting Colleges & Universities

BRN staff also sees justification in a WASC only regulation based on the ideal that all AA Degree nurse recipients wish to become BA nurse recipients who then wish to become MA and Doctoral Nurse degree recipients. We suggest that it is the exception, not the rule. That BRN is seeking to impose a tyranny of the minority philosophy not embraced by working nurses which disservices the rights of the majority to seek entry level nurse employment.

The BRN currently requires Nurse Trainers to offer Degrees to qualify to provide nurse training. They state that only WASC meets this requirement. This is not correct. All the nationally accredited Institutions seeking approval under the BRN must offer a degree program.

BRN has produced no studies or evidence that shows “impedance” of nurse students’ academic progress as they proclaim, other than antidotal stories from detractors of the private sector college sector. While anecdotal stories maybe compelling, they cannot be used to justify exclusion of nationally accredited institutions.

Comparability of Accreditation Requirement to other Professions

This is an incomplete and inaccurate statement. There are no current California Boards or Commissions that required only Regional Accreditation to our knowledge. There may be individual Board Members on some Boards and Commissions that may espouse this view, but to our knowledge there are no Regional-only requirements in law.

The example of medical school is misleading as there are no medical schools other than Regionally Accredited medical schools to our knowledge as no National Accreditor has applied for a scope of accreditation that allows for the creation of medical schools.

Stating that all medical schools are regional is the same as stating that all dogs have noses. It has no meaning as the issue that Regional is superior to national (which seems to be the driver for this section.)

The entry requirements for psychologists, social workers and teachers all allow for private postsecondary Institutions both for and non-profit graduates to sit for license examination. If the BRN staff wish to make these kinds of assertions, it is appropriate that they provide supporting evidence. Until they do so, we can only regard this the same way we are have to regard the vast majority of these points. They appear to be someone's manifesto of how things should be in their view.

Comparability with Accreditation Requirement of Public Institutions of Higher Education and current accreditation status of most private schools offering a nursing program

The BRN states under this point that since all public institutions are WASC and most of the current BRN approved Institutions are WASC. The only assumption one can read in this flawed logic is that WASC is better because BRN has a lot of WASC Institutions providing nurse training.

The State of California requires that all public Higher Education institutions be WASC. This includes Community Colleges, the State University system and the University of California. From a numbers perspective large number of students in California attend WASC institutions.

This fact is not relevant to the quality or fitness to provide nurse training by nationally accredited Institutions or non-wasc accredited institutions, both private and non-profit who hold other types of Accreditation. This is the same fuzzy logic that would hold since the majority of attorneys in California are licensed by the State Bar then only California Attorneys should be favored which might surprise the members of the Supreme Court of which none are California attorneys.

Degree Granting Authority

BRN states that private postsecondary institutions must be approved by the Bureau for Private Postsecondary Education (BPPE) and goes on to point out that WASC institutions are exempt from BPPE approval.

This contradicts the earlier point the BRN made in regards to Accreditation versus Approval in which they incorrectly stated that WASC schools were both approved and accredited (although BRN never discusses the many different kind of State approvals that both National and Regional Institutions including WASC often must obtain for their students to sit for examinations).

Exemption has nothing to do with Degree Granting Authority. The authority to grant degrees lies expressly with the Accrediting Agency. If an Institution is covered under the BPPE, and has an approval via accreditation which almost all accredited Institutions have, all they are required to do is inform the BPPE that their accrediting agency has approved the new degree program.

Conclusion:

This two-page background paper conceived by the BRN staff as the rationale and justification for promoting a WASC only requirement to train nurses in California is so deeply flawed and biased that we believe it will not survive the test of a proposed regulation required by the State Office of Administrative Law (OAL) or judicial scrutiny. We strongly recommend that the Nursing Board itself consider both the public policy benefit and the appearance of restraint of trade that is so apparent in this proposal.

Paul Augusti

Comments of Corinthian Colleges, Inc.

Submitted to the California Board of Registered Nursing

14 June 2011

RE: Accreditation of Prelicensure Nursing Programs

Statement of Interest

Corinthian Colleges, Inc. is the parent of the Everest College, Heald College and Wyoming Technical Institute campuses in California. Corinthian has a keen interest in this matter for it has one Board approved Associates Degree in Nursing (ADN) program at its Everest College Ontario Metro campus, and is inclined to seek approvals in the future for programs at other campuses in the state.

Corinthian's Nursing Programs and Accreditation

Corinthian's institutions that offer nursing programs are accredited by a variety of institutional accreditors. For instance, here in California, the **Everest College Ontario Metro** campus is institutionally accredited by the **Accrediting Council for Independent Colleges and Schools (ACICS)**, a national accreditor, while the **Everest College Phoenix, Arizona** campus, which also offers an ADN program, is accredited by the **Higher Learning Commission** of the North Central Association of Colleges and Schools (HLC), a regional accreditor. Corinthian institutions offer ADN programs in Florida, Arizona, California, and is in the final stage of approval at a campus Texas. A number of Corinthian's institutions offer LPN/LVN programs as well, and a Bachelor of Science in Nursing (BSN) program in Utah.

(Corinthian's Heald College system is in the process of gaining accreditation from the Western Association of Colleges and Schools Senior Commission. It is currently accredited by the Commission's Junior Commission. Once Heald has gained Senior Commission accreditation it plans to seek approval from the Board to offer a Bachelor of Science in Nursing program at one of its campuses.)

General Statement

The offering of prelicensure nursing programs by nationally accredited postsecondary institutions, often if not exclusively for-profit institutions, is a rather recent development. With the ongoing shortage of nurses in the United States these institutions are trying to fill a gap that other institutions have not been able or willing to fill.

Here in California, where the state government's gapping budget hole looms large over public institutions, this desire of private institutions to help fill this gap is hopefully seen as a benefit. The state's efforts to increase the number of available prelicensure nursing seats such as former Gov. Schwarzenegger's Nurse Education Initiative, and the federal Workforce Investment Act funds that were used to fund it, has run its course without slacking the need for additional prelicensure nursing seats.

Requiring postsecondary institutions to change institutional accreditors in order to gain approval from the Board of Registered Nursing would impose an unnecessary barrier for these institutions unrelated to the quality of the prelicensure program that an institution could offer.

Below we offer our thoughts on the various points offered as reasons for requiring WASC, or other regional, accreditation for institution to offer prelicensure programs.

Response to Issues Raised in the Background Information Paper

1. Accreditation v. Approval

We agree with the statement that "both accreditation and approval are necessary to ensure quality." Accreditation does address matters that are not evaluated in the Board of Registered Nursing approval process.

The addition of institutional accreditation will also bring these regulations into conformity with the National Council of State Boards of Nursing's (NCSBN) **Model Nursing Administrative Rules**, where it states in **9.1.2 Required Criteria for Nursing Education Programs**, that "The nursing education program shall be an integral part of a governing academic institution that is accredited by an accrediting body that is recognized by the U.S. Secretary of Education." It should be noted that the model rule does not make a distinction between regional and national accreditation, which are both recognized by the U.S. Secretary of Education.

2. Transferability of Academic Credit

We also believe the issue of transferability of credit is very important for students and the nursing profession. If institutions acted in this area with the best interests of students and the profession in mind there would be far fewer problems and issues. Unfortunately, institutional prerogatives' often lead institutions to behave in arbitrary and capricious ways when dealing with transfer of credit.

The transfer of credit issue does not only play out in this field but is a problematic issue across postsecondary education. One aspect of this multifaceted issue is the discrimination against some accreditors, especially national accreditors.

The American Association of Collegiate Registrars and Admissions Officers, the American Council on Education, and the Council for Higher Education Accreditation, all highly regarding higher education associations, have issued a **Joint Statement on the Transfer and Award of Credit**. If this statement was implemented as policy at each of its member institutions this issue would no longer be of such salience and concern. The Joint Statement states:

Balance in the Use of Accreditation Status in Transfer Decisions. Institutions and accreditors need to assure that transfer decisions are not made solely on the source of accreditation of a sending program or institution. While acknowledging that accreditation is an important factor, receiving institutions ought to make clear their institutional reasons for accepting or not accepting credits that students seek to transfer.¹

If institutions had to make their reasoning public on transfer of credit, and it had to rely on a rational basis, this would also expose much of the arbitrary and capricious behavior, which is unrelated to educational quality, and bring it to an end.

The Department of Justice, from time to time, has also become interested in the barriers that institutions and accreditors erect to stymie transfer of credit. In a correspondence between the Departments of Justice and Education, concerning an accreditation standard of the Southern Commission of Colleges and Schools (SACS), the Department of Justice stated that “a refusal to accept coursework completed at another [accredited] institution is equivalent to a refusal to deal or a boycott [anticompetitive conduct].”²

¹ American Association of Collegiate Registrars and Admissions Officers, the American Council on Education, and the Council for Higher Education Accreditation, **Joint Statement on the Transfer and Award of Credit**, at 2 (Sept. 28, 2001). Accessible at www.acenet.edu/Content/NavigationMenu/ProgramsServices/CLLL/Credit_Transfer.pdf

² Letter from Joel I. Klein, Asst. Attorney General (Antitrust Division), U.S. Dept. of Justice, to Dr. Karen W. Kershenstein, Dir., Accreditation and Eligibility Determination Division, U.S. Dept. of Education, at 10 (Sept. 9, 1997)

SACS, because of a dispute with a former commission that was formerly part of SACS and became a national accreditor, sought to impose an accreditation standard that disallowed institutions it accredited to accept credits from nationally accredited institutions. After the Department of Justice advised that this would be an antitrust violation the standard was dropped.

Instead of instituting an exclusionary policy, the Board should try to facilitate articulation agreements between institutions with approved programs or to be even as bold as to require nursing coursework at Board approved programs be transferable as a conditional of a program's approval.

The entrance of nationally accredited institutions in the provision of prelicensure nursing programs is relatively recent. These institutions are already seeking ways to overcome the transfer of credit problem. For instance, Corinthian has articulation agreements with the University of Phoenix and Kaplan University allowing its ADN graduates to pursue a BSN. Corinthian also is pursuing these types of agreement with public and non-profit institutions. Just recently, our Everest College Fort Worth campus executed an ADN to BSN articulation agreement with the nursing program at University of Texas at Tyler. It is also foreseeable that a BSN program at Corinthian's Heald College could also be an avenue for students to pursue their next credential.

3. Focus on Degree-Granting Colleges and Universities

The notion that accrediting agencies focus on degree programs versus certificate programs does not jibe with the operations of an accrediting agency. Accrediting agencies have varied purposes and seek recognition of a scope of accreditation from the Secretary of Education to coincide with its mission. There is no institutional accreditor that has a scope of accreditation that "focuses" on institutions or programs solely at the certificate level.

Each institutional accreditor has within its scope of accreditation degree granting institutions and programs. This grant of a scope of accreditation attests to the accreditor's standards and ability to carry out accreditation process and procedures for degree granting programs. The recognition process itself is governed by the **Higher Education Act** and the standards are the same for all institutional accreditors whether regional or national.³

Carrying this focus issue further would the WASC Senior Commission be more focused in this context than the Junior Commission since the Senior Commission accredits institutions that confer bachelors,

³ 20 U.S.C. §1099b; 34 C.F.R. § 602 et seq.

graduate, and professional degrees, while the Junior Commission accredits institutions, such as community colleges, that devote significant amounts of their time and attention to certificate programs, remedial education, and avocational programs.

4. Comparability with Accreditation for Other Professions

This requirement or preference for regionally accredited institutions is a historical artifact. The institutions that have prepared individuals for these professions have been accredited by regional accreditors. Institutions that are accredited by national accreditors have not been involved in preparing individuals for these professions so regional accreditation became the defacto standard. It is foreseeable that these standards could change if, and when, more nationally accredited institutions seek to prepare individuals for these professions.

The Liaison Committee on Medical Education, which is the programmatic accreditor for medical programs in the United States and Canada, also requires that institutions be non-profit. This again is evidence of historic artifact where all medical schools were non-profit (there is currently one for-profit entity seeking to establish a medical school), as were hospitals, which is no longer the case.

Each profession is in many ways unique, and while looking to other professions practice's can be instructive, it is often best to assure that these attempts to emulate are more than just status seeking and serve the needs of the profession. Two organizations that focus on the needs of the profession, the programmatic accreditors in the nursing field, the National League of Nursing Accrediting Commission and the Commission on Collegiate Nursing Education, both accept national accreditors as institutional accreditors. As an example, CCNE's definition of a parent institution states that the institution shall be "accredited by an institutional accrediting agency (regional or national) recognized by the U.S. Secretary of Education that has overall responsibility and accountability for the nursing program."⁴ This definition parallel's the NCSBN's model rule on accreditation as well.

⁴ Commission on Collegiate Nursing Education, Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs, p. 21. Accessible at <http://www.aacn.nche.edu/accreditation/pdf/standards09.pdf>

5. Comparability with Accreditation for Public Institutions of Higher Education and current accreditation status of most private schools that offer nursing programs.

We found no statute or policy that requires California public institutions to be accredited by WASC. Also, there is no statute or other requirement that non-profit institutions are to be accredited by WASC or other regional accreditors to operate in California. Seemingly, the reason why these institutions seek accreditation from WASC is because that is the way it has always been. This would not seem to be a firm basis to establish an exclusionary policy.

6. Degree Granting Authority

The regulation of for-profit postsecondary institutions is long standing in this state. While the background information paper is correct in saying that private postsecondary institutions must be approved by the **Bureau for Private Postsecondary Education (BPPE)** to operate California, and that WASC accredited institutions are exempt from this requirement, the inference that is attempted, that the Legislature made a decision to exempt WASC accredited institutions because of some difference in the quality of the accreditor or the institutions it accredits, is incorrect.

The **California Private Postsecondary Education Act (CPPEA or AB 48 – Portantino)** defines a private postsecondary educational institution as a “private entity with a physical presence in this state that offers postsecondary education to the public for an institutional charge.”⁵ This definition places all private institutions, whether for-profit or non-profit, under the Act. It was not the intent of the legislature to regulate institutions such as Stanford University, a non-profit postsecondary institution, so the Legislature needed a means of excluding these institutions and chose to exempt WASC accredited institutions. In doing so, it was also necessary to exempt for-profit institutions accredited by WASC because of the lack of a legal basis to then make a distinction between non-profit and for-profit institutions accredited by the same agency.

In the Reform Act, legislation that preceded the CPPEA, the Legislature tried to draw the distinction between WASC and other regional accreditors so that for-profit institutions accredited by these agencies would also be subject to this law. In litigation involving the DeVry, this distinction was found to be a

⁵ §94858 of the Education Code

violation of the commerce clause of the United States Constitution. In light of this decision, the Legislature exempted institutions accredited by other regional accreditors as well.

In section 94890 of the Education Code (where the CPPEA is codified) it states that “The Bureau shall grant an institution that is accredited an approval to operate by means of its accreditation.” This is a clear statement of the Legislature’s reliance on nation accreditors in the performance of their quality assurance role.

Lastly, unlike under the Reform Act, where the Bureau and Board had to enter into a Memorandum of Understanding and run separate processes to approve nursing programs, the CPPEA makes that unnecessary as set out in §94892 of the Education Code, where it states: “If an agency of this state other than the bureau or of the federal government provides an approval to offer an educational program and the institution already has a valid approval to operate issued by the bureau, that agency's educational program approval may satisfy the requirements of this article without any further review by the bureau. The bureau may incorporate that educational program into the institution's approval to operate when the bureau receives documentation signifying the conferral of the educational program approval by that agency.”

Joint Statement on the Transfer and Award of Credit

The following set of guidelines has been developed by the three national associations whose member institutions are directly involved in the transfer and award of academic credit: the American Association of Collegiate Registrars and Admissions Officers, the American Council on Education, and the Council for Higher Education Accreditation. The need for such a statement came from an awareness of the growing complexity of transfer policies and practices, which have been brought about, in part, by the changing nature of postsecondary education. With increasing frequency, students are pursuing their education in a variety of institutional and extrainstitutional settings. Social equity and the intelligent use of resources require that validated learning be recognized wherever it takes place.

The statement is thus intended to serve as a guide for institutions developing or reviewing policies dealing with transfer, acceptance and award of credit. "Transfer" as used here refers to the movement of students from one college, university or other education provider to another and to the process by which credits representing educational experiences, courses, degrees or credentials that are awarded by an education provider are accepted or not accepted by a receiving institution.

Basic Assumptions

This statement is directed to institutions of postsecondary education and others concerned with the transfer of academic credit among institutions and the award of academic credit for learning that takes place at another institution or education provider. Basic to this statement is the principle that each institution is responsible for determining its own policies and practices with regard to the transfer, acceptance, and award of credit. Institutions are encouraged to review their policies and practices periodically to assure that they accomplish the institutions' objectives and that they function in a manner that is fair and equitable to students. General statements of policy such as this one or others referred to, should be used as guides, not as substitutes, for institutional policies and practices.

Transfer and award of credit is a concept that increasingly involves transfer between dissimilar institutions and curricula and recognition of extra-institutional learning, as well as transfer between institutions and curricula with similar characteristics. As their personal circumstances and educational objectives change, students seek to have their learning, wherever and however attained, recognized by institutions where they enroll for further study. It is important for reasons of social equity and educational effectiveness for all institutions to develop reasonable and definitive policies and procedures for acceptance of such learning experiences, as well as for the transfer of credits earned at another institution. Such policies and procedures should provide maximum consideration for the individual student who has changed institutions or objectives. It is the receiving institution's responsibility to provide reasonable and definitive policies and procedures for determining a student's knowledge in required subject areas. All sending institutions have a responsibility to furnish transcripts and other documents necessary for a receiving institution to judge the quality and quantity of the student's work. Institutions also have a responsibility to advise the student that the work reflected on the transcript may or may not be accepted by a receiving institution as bearing the same (or any) credits as those awarded by the provider institution, or that the credits awarded will be applicable to the academic credential the student is pursuing.

Inter-Institutional Transfer of Credit

Transfer of credit from one institution to another involves at least three considerations:

- (1) the educational quality of the learning experience which the student transfers;
- (2) the comparability of the nature, content, and level of the learning experience to that offered by the receiving institution; and
- (3) the appropriateness and applicability of the learning experience to the programs offered by the receiving institution, in light of the student's educational goals.

Accredited Institutions

Accreditation speaks primarily to the first of these considerations, serving as the basic indicator that an institution meets certain minimum standards. Users of accreditation are urged to give careful attention to the accreditation conferred by accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA). CHEA has a formal process of recognition which requires that all accrediting bodies so recognized must meet the same standards. Under these standards, CHEA has recognized a number of accrediting bodies, including:

- (1) regional accrediting commissions (which historically accredited the more traditional colleges and universities but which now accredit proprietary, vocational-technical, distance learning providers, and single-purpose institutions as well);
- (2) national accrediting bodies that accredit various kinds of specialized institutions, including distance learning providers and freestanding professional schools; and
- (3) professional organizations that accredit programs within multipurpose institutions.

Although accrediting agencies vary in the ways they are organized and in their statements of scope and mission, all accrediting bodies that meet CHEA's standards for recognition function to ensure that the institutions or programs they accredit have met generally accepted minimum standards for accreditation.

Accreditation thus affords reason for confidence in an institution's or a program's purposes, in the appropriateness of its resources and plans for carrying out these purposes, and in its effectiveness in accomplishing its goals, insofar as these things can be judged. Accreditation speaks to the probability, but does not guarantee, that students have met acceptable standards of educational accomplishment.

Comparability and Applicability

Comparability of the nature, content, and level of transfer credit and the appropriateness and applicability of the credit earned to programs offered by the receiving institution are as important in the evaluation process as the accreditation status of the institution at which the transfer credit was awarded. Since accreditation does not address these questions, this information must be obtained from catalogues and other materials and from direct contact between knowledgeable and experienced faculty and staff at both the receiving and sending institutions. When such considerations as comparability and appropriateness of credit are satisfied, however, the receiving institution should have reasonable confidence that students from accredited institutions are qualified to undertake the receiving institution's educational program. In its articulation and transfer policies, the institution should judge courses, programs and other learning experiences on their learning outcomes, and the existence of valid evaluation measures, including third-party expert review, and not on modes of delivery.

Admissions and Degree Purposes

At some institutions there may be differences between the acceptance of credit for admission purposes and the applicability of credit for degree purposes. A receiving institution may accept previous work, place a credit value on it, and enter it on the transcript. However, that previous work, because of its nature and not its inherent quality, may be determined to have no applicability to a specific degree to be pursued by the student. Institutions have a responsibility to make this distinction, and its implications, clear to students before they decide to enroll. This should be a matter of full disclosure, with the best interests of the student in mind. Institutions also should make every reasonable effort to reduce the gap between credits accepted and credits applied toward an educational credential.

Additional Criteria for Transfer Decisions

The following additional criteria are offered to assist institutions, accreditors and higher education associations in future transfer decisions. These criteria are intended to sustain academic quality in an environment of more varied transfer, assure consistency of transfer practice, and encourage appropriate accountability about transfer policy and practice.

Balance in the Use of Accreditation Status in Transfer Decisions. Institutions and accreditors need to assure that transfer decisions are not made solely on the source of accreditation of a sending program or institution. While acknowledging that accreditation is an important factor, receiving institutions ought to make clear their institutional reasons for accepting or not accepting credits that students seek to transfer. Students should have reasonable explanations about how work offered for credit is or is not of sufficient quality when compared with the receiving institution and how work is or is not comparable with curricula and standards to meet degree requirements of the receiving institution.

Consistency. Institutions and accreditors need to reaffirm that the considerations that inform transfer decisions are applied consistently in the context of changing student attendance patterns (students likely to engage in more transfer) and emerging new providers of higher education (new sources of credits and experience to be evaluated). New providers and new attendance patterns increase the number and type of transfer issues that institutions will address—making consistency even more important in the future.

Accountability for Effective Public Communication. Institutions and accreditors need to assure that students and the public are fully and accurately informed about their respective transfer policies and practices. The public has a significant interest in higher education's effective management of transfer, especially in an environment of expanding access and mobility. Public funding is routinely provided to colleges and universities. This funding is accompanied by public expectations that the transfer process is built on a strong commitment to fairness and efficiency.

Commitment to Address Innovation. Institutions and accreditors need to be flexible and open in considering alternative approaches to managing transfer when these approaches will benefit students. Distance learning and other applications of technology generate alternative approaches to many functions of colleges and universities. Transfer is inevitably among these.

Foreign Institutions

In most cases, foreign institutions are chartered and authorized to grant degrees by their national governments, usually through a Ministry of Education or similar appropriate ministerial body. No other nation has a system comparable with voluntary accreditation as it exists in the United States. At an operational level, AACRAO's Office of International Education Services can assist institutions by providing general or specific guidelines on admission and placement of foreign students, or by providing evaluations of foreign educational credentials.

Evaluation of Extra-Institutional and Experiential Learning for Purposes of Transfer and Award of Credit

Transfer and award of credit policies should encompass educational accomplishment attained in extra-institutional settings. In deciding on the award of credit for extra-institutional learning, institutions will find the services of the American Council on Education's Center for Adult Learning and Educational Credentials helpful. One of the Center's functions is to operate and foster programs to determine credit equivalencies for various modes of extra-institutional learning. The Center maintains evaluation programs for formal courses offered by the military and civilian organizations such as business, corporations, government agencies, training providers, institutes, and labor unions. Evaluation services are also available for examination programs, for occupations with validated job proficiency evaluation systems, and for correspondence courses offered by schools accredited by the Distance Education and Training Council. The results are published in a Guide series. Another resource is the General Educational Development (GED) Testing Program, which provides a means for assessing high school equivalency.


For learning that has not been evaluated through the ACE evaluation processes, institutions are encouraged to explore the Council for Adult and Experiential Learning (CAEL) procedures and processes.

Uses of This Statement

Institutions are encouraged to use this statement as a basis for discussions in developing or reviewing institutional policies with regards to the transfer and award of credit. If the statement reflects an institution's policies, that institution may wish to use these guidelines to inform faculty, staff, and students.

It is also recommended that accrediting bodies reflect the essential precepts of this statement in their criteria.

American Association of Collegiate
Registrars and Admissions Officers



9/28/01
(date)

American Council on Education



9/28/01
(date)

Council for Higher Education
Accreditation



9/28/01
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June 13, 2011

California Board of Registered Nursing
1625 North Market Boulevard
Sacramento, C A 95834

**RE: PROPOSED REGIONAL ACCREDITATION REQUIREMENTS FOR SCHOOLS PROVIDING OR
AFFILIATING WITH A PRELICENSURE REGISTERED NURSING PROGRAM**

Dear Members of the Board:

On behalf of the 86,000 registered nurses (RN) of the California Nurses Association (CNA), I respectfully submit the following comments regarding the Board of Registered Nursing's (BRN) proposal to require regional accreditation for schools providing, or affiliating with, a prelicensure registered nursing program.

In 2009, when the Board of Registered Nursing issued proposed regulations to modify state regulations governing prelicensure programs, CNA took the position that the proposed regulations should have included an accreditation requirement for any school that provided or affiliated with a prelicensure nursing program. With accreditation, we believed the board would be able to assure the quality of the institution, and achieve a higher level of protection for students who enroll in prelicensure nursing programs. As such, we are pleased that the board accepted our comments, as well as those offered by other individuals and organizations sharing our concerns about protections for future students and consumers, and is now moving forward with a separate regulatory proposal to requiring accreditation.

Further, we commend the board for proposing regional accreditation by the Western Association of Schools and Colleges (WASC), or a regional counterpart, and strongly support regional accreditation requirements. By proposing regional accreditation, as opposed to national accreditation, the board has taken steps to ensure that institutions of higher education offering nursing programs are held to the highest standards and that all of California's nursing students will be uniformly provided proper consumer protections as well as high quality learning opportunities.

CNA is of the position that regional accreditation provides a framework and standards for educational institutions that are designed meet California's unique regional, state, and local education standards. With the ongoing budget challenges facing California's public education system, more and more students are turning to private proprietary schools to obtain a nursing education. Many of these schools are placing a heavy reliance upon alternative models of education such as online and distance learning, and simulation. Thus, it is of utmost importance that these institutions are required to meet the same rigorous standards that traditional and public nursing programs must meet in order to preserve and protect the integrity and reputation of nursing education in our state.

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Regional accreditation provides California's nursing students with greater assurance of the transferability of academic units, which is probably one of the most compelling reasons as to why it should be required. We are very concerned over the barriers that nursing students may face in continuing their education if there is a greater likelihood that non-WASC accredited units are not transferable. We do not believe it is in the best interest of the students to leave it up to non-WASC accredited institutions to disclose to students that their units will not be accepted at other higher education institutions. We have seen too many cases in which students have been caught unaware that their units will not transfer until they actually go to continue their education at another institution. Regional accreditation will help stem this problem, and ensure that students will not run into problems of academic unit transferability simply because their nursing school does not maintain accreditation that is readily accepted by other schools.

Lastly, we want to reiterate that these proposed regulations are about consumer protection, and that by requiring regional accreditation, the board will be fulfilling its role of providing higher standards and protections for California's nursing students. We strongly urge the board to stand by its original proposal of regional accreditation.

Thank you for your consideration of our position on this matter. If you have any questions, please do not hesitate to contact me.

Sincerely,



Kelly Green
Regulatory Policy Specialist

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 13.7

DATE: June 15, 2011

ACTION REQUESTED: 2009-2010 Post-Licensure Program Annual Report

REQUESTED BY: Catherine M. Todero, PhD, RN, Chairperson
Education/Licensing Committee

BACKGROUND:

In 2004-2005, the BRN first surveyed California post-licensure nursing programs. The 2009-2010 Post-Licensure Nursing Program Report presents analysis of the current year data in comparison with data from previous years of the survey.

Since post-licensure nursing programs offer a wide range of degrees, this report is presented in program sections, including RN to BSN Programs, Master's Degree Programs and Doctoral Programs. Data items addressed in each program section include the number of nursing programs, enrollments, graduations, and student census data. Faculty census data is included in a separate section as it is collected by school, not by degree program.

NEXT STEPS: Post final report on the BRN website.

**FINANCIAL IMPLICATION(S),
IF ANY:** None

**PERSON(S) TO
CONTACT:** Julie Campbell-Warnock, Research Program
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California Board of Registered Nursing

2009-2010 Annual School Report

Data Summary and Historical Trend Analysis

A Presentation of Post-Licensure Nursing Education Programs in California

May 20, 2011

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PREFACE

Nursing Education Survey Background

Development of the 2009-2010 Board of Registered Nursing (BRN) School Survey was the work of the Board's Education Advisory Committee (EAC), which consists of nursing education stakeholders from across California. A list of the EAC members is included in the Appendices. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey. Post-licensure programs were surveyed for the first time in 2004-2005. Revisions to the post-licensure sections of the survey may prevent comparability of some data.

Funding for this project was provided by the California Board of Registered Nursing.

Organization of Report

The survey collects data about nursing programs and their students and faculty from August 1 through July 31. Annual data presented in this report represent August 1, 2009 through July 31, 2010. Demographic information and census data were requested for October 15, 2010.

Data from pre- and post-licensure nursing education programs are presented in separate reports and will be available on the BRN website. Data are presented in aggregate form and describe overall trends in the areas and over the times specified and, therefore, may not be applicable to individual nursing education programs.

Statistics for enrollments and completions represent two separate student populations. Therefore, it is not possible to directly compare enrollment and completion data.

Value of the Survey

This survey has been developed to support nursing, nursing education and workforce planning in California. The Board of Registered Nursing believes that the results of this survey will provide data-driven evidence to influence policy at the local, state, federal and institutional levels.

The BRN extends appreciation to the Education Advisory Committee and all survey respondents. Your participation has been vital to the success of this project.

Survey Participation

All post-licensure nursing education programs in California were invited to participate in the survey. In 2009-2010, 32 RN to BSN programs, 31 Master's degree programs, and seven doctoral programs responded to the survey. A list of survey respondents is provided in Appendix A.

Since 2004-2005, the number of post-licensure programs in California grew by 23.1% (n=6) for RN to BSN programs, 29.2% (n=7) for Master's degree programs, and 40.0% (n=2) for doctoral programs. The greatest growth in the number of programs occurred between the 2005-2006 and 2006-2007 academic years, as shown in the table below.

Program Type	Academic Year					
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
RN to BSN Program	26	27	31	32	32	32
Master's Degree Program	24	27	30	29*	29	31
Doctoral Program	5	5	6	7	7	7

*Although there were 29 master's degree programs in 2007-2008, only 28 programs reported data that year.

DATA SUMMARY AND HISTORICAL TREND ANALYSIS

This analysis presents data from post-licensure nursing programs that responded to the 2009-2010 BRN School Survey in comparison with data from previous years of the survey. Since post-licensure programs offer a range of degrees, this report is presented in three sections: RN to BSN programs, Master's degree programs, and doctoral programs. Data presented include the number of nursing programs, enrollments, completions, and student and faculty census data. Faculty census data are presented separately since they are collected by school, not by program type.

RN to BSN Programs

Between 2004-2005 and 2009-2010, the number of RN to BSN programs increased by 23.1% (n=6). Over the five-year time period, the share of RN to BSN programs offered at private schools increased from a low of 34.6% in 2004-2005 to a high of 40.6% in 2009-2010.

Number of RN to BSN Programs

	Academic Year					
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
# Programs	26	27	31	32	32	32
Public Programs	65.4%	63.0%	61.3%	59.4%	59.4%	59.4%
Private Programs	34.6%	37.0%	38.7%	40.6%	40.6%	40.6%

Program Information

Most RN to BSN programs use flexible course scheduling such as block schedules and evening and weekend courses as methods of increasing RN access to the program. More than half of RN to BSN programs also use distance education to improve program access. The use of flexible course scheduling has increased steadily since 2004-2005, while the use of distance education approaches has declined in recent years. Some programs provide courses in work settings and partial funding of classes by the work site of the RN enrolled in the program.

Approaches to Increase RN Access to the Program

Approaches	Academic Year					
	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
	% of Programs	% of Programs	% of Programs	% of Programs	% of Programs	% of Programs
Flexibility in course scheduling (block schedules, evening/weekend courses)	61.5%	63.0%	64.5%	72.1%	74.1%	81.5%
Teleconferencing, online, and other distance education modes	46.2%	51.9%	58.1%	68.0%	66.7%	55.6%
Partial funding of classes by work setting	30.8%	44.4%	41.9%	32.0%	33.3%	44.4%
Courses provided in work settings	30.8%	37.0%	29.0%	40.1%	33.3%	37.0%
Number of programs	26	27	31	25	27	27

More than half of the RN to BSN programs have direct articulation of ADN coursework or a specific program advisor to award credit for prior education and experience to their students. Some schools also use specific upper division courses or a two-plus-two program. The use of both of these mechanisms to award credit has increased each year since 2007-2008. A limited number of programs use portfolios to document competencies and testing to award credit to ADN prepared nurses entering their program.

Mechanisms to Award Credit for Prior Education and Experience

Approaches	Academic Year					
	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
	% of Programs	% of Programs	% of Programs	% of Programs	% of Programs	% of Programs
Direct articulation of ADN coursework	73.1%	55.6%	73.3%	64.0%	70.0%	72.4%
Specific program advisor	46.2%	59.3%	36.7%	52.0%	60.0%	51.7%
Tests to award credit (NLN achievement tests or challenge exams)	23.1%	40.7%	36.7%	36.0%	20.0%	17.2%
Specific upper division courses	11.5%	37.0%	26.7%	16.0%	30.0%	31.0%
Portfolios to document competencies	15.4%	18.5%	13.3%	24.0%	16.7%	17.2%
Two-plus-two programs	7.7%	18.5%	10.0%	16.0%	23.3%	27.6%
Number of programs	26	27	31	25	30	29

New Student Enrollments

Admission spaces available for new student enrollments in RN to BSN programs more than doubled in the last six years, from 1,006 spaces in 2004-2005 to 2,396 in 2009-2010. These spaces were filled with a total of 2,126 students, more than tripling new student enrollment since 2004-2005. The decrease in the number of admission spaces available between 2006-2007 and 2008-2009 is likely due to fewer schools reporting these data than to an actual drop in spaces available. Although there was a drop in new student enrollment between 2005-2006 and 2006-2007, new student enrollment has been increasing since then.

Admission Spaces and New Student Enrollment in RN to BSN Programs

	Academic Year					
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Admission Spaces Available*	1,006	1,851	2,296	1,998	2,286	2,396
New Student Enrollments	666	1,665	1,438	1,759	1,985	2,126
% Spaces Filled	66.2%	90.0%	62.6%	88.0%	86.8%	88.7%

*If admission spaces were not provided in the data, the number of new enrollments was used as the number of available admission spaces.

In 2009-2010, 20.8% (n=559) of qualified applications to RN to BSN programs were not accepted for admission, illustrating that a greater share of qualified applications were accepted in the last two years than in previous years. In 2005-2006, a new RN to BSN program began accepting students. Since this program accepts all qualified applicants, the increase in qualified applicants accepted from 2004-2005 to 2005-2006 is largely due to the addition of this program.

Applications* for Admission to RN to BSN Programs

	Academic Year					
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Qualified Applications	978	3,041	2,341	2,769	2,364	2,685
Accepted	666	1,665	1,438	1,759	1,985	2,126
Not Accepted	312	1,376	903	1,010	379	559
% Qualified Applications Not Accepted	31.9%	45.2%	38.6%	36.5%	16.0%	20.8%

*Since these data represent applications rather than individuals, the increase in qualified applications may not represent an equal growth in the number of individuals applying to nursing school.

Student Completions

The number of students that completed an RN to BSN program in California more than tripled in the past six years, from 439 in 2004-2005 to 1,405 in 2009-2010. There were slightly fewer students who completed an RN to BSN program in 2009-2010 than in the previous year.

	Academic Year					
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Completions	439	973	1,044	1,006	1,439	1,405

Student Census Data

The total number of students enrolled in RN to BSN programs more than doubled from 1,243 on October 15, 2005 to 3,356 five years later. The student census was at its highest in 2009.

	Year					
	2005	2006	2007	2008	2009	2010
Student Census	1,243	--*	3,132	2,959	3,482	3,356

*Data not collected in the given year.

Summary

RN to BSN programs enrolled and graduated more students in 2009-2010 than in 2004-2005. Since several of the programs commented that their RN to BSN programs are exclusively online, many of them reported accepting all qualified applicants to the program. Therefore, the number of qualified applications, new student enrollments and student census are variable and highly dependent on interest in the RN to BSN program.

Master's Degree Programs

Master's degree programs offer post-licensure nursing education in functional areas such as nursing education and administration, as well as advanced practice nursing areas (i.e. nurse practitioner, clinical nurse specialist, nurse midwife, nurse anesthetist, and school nurse).

In 2009-2010, 31 schools offered a Master's degree program including at least one of the aforementioned components. Of the schools that offer a Master's degree program, 58.1% are public programs.

In addition to the 31 Master's degree programs, California has three Advanced Practice Nursing Certificate Programs. These certificate programs partner with existing Master's degree programs in California. Student data from these certificate programs are reported in aggregate with data from the Master's degree programs.

Number of Master's Degree Programs

	Academic Year					
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
# Programs	24	27	30	28*	29	31
Public Programs	58.3%	55.6%	56.7%	57.1%	55.2%	58.1%
Private Programs	41.7%	44.4%	43.3%	42.9%	44.8%	41.9%

*Although there were 29 Master's degree programs in 2007-08, only 28 programs reported data that year.

New Student Enrollments

Since 2004-2005, admission spaces available for new student enrollments in Master's degree programs more than doubled (n=1,665). These spaces were filled with a total of 2,464 students, more than doubling new student enrollment (n=1,798) in the last six years.

Admission Spaces and New Student Enrollment in Master's Degree Programs

	Academic Year					
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Admission Spaces Available*	1,006	1,851	2,296	1,998	2,286	2,671
New Student Enrollments	666	1,665	1,438	1,759	1,985	2,464
% Spaces Filled	66.2%	90.0%	62.6%	88.0%	86.8%	92.3%

*If admission spaces were not provided in the data, the number of new enrollments was used as the number of available admission spaces.

More qualified applications for admission were submitted to Master's degree programs in 2009-2010 than in any of the preceding five years. However, the number of new enrollment spaces grew at a slower rate, resulting in 33.8% (n=1,259) of qualified applications not accepted for admission in 2009-2010. The drop in qualified applications between 2005-2006 and 2007-2008 may be due to changes to the survey over the time period and to fewer schools reporting the number of qualified applications in 2007-2008 than in previous years than to an actual drop in the number of qualified applications over the time period.

Applications* for Admission to Master's Degree Programs

	Academic Year					
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Qualified Applications	2,338	2,979	2,643	2,100	2,760	3,723
Accepted	1,169	1,635	1,722	1,965	2,147	2,464
Not Accepted	1,169	1,344	921	135	613	1,259
% Qualified Applications Not Accepted	50.0%	45.1%	34.8%	6.4%	22.2%	33.8%

*Since these data represent applications rather than individuals, the increase in qualified applications may not represent an equal growth in the number of individuals applying to nursing school.

Student Completions

The number of students who completed a Master's degree program in California increased by 81.4% (n=714) since 2004-2005.

	Academic Year					
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Completions	877	1,221	1,239	1,298	1,538	1,591

Nurse practitioners represent the largest share of graduates from Master's degree programs in each of the last four years, even though the number of students who completed nurse practitioner programs in 2009-2010 (n=616) was about the same as the previous year (n=622). All other specialty areas except administration/leadership had more students complete their programs in 2009-2010 than in 2006-2007.

Student Completions by Program Track or Specialty Area*

Program Track/Specialty Area	Academic Year			
	2006-2007	2007-2008	2008-2009	2009-2010
Nursing education	151	183	233	232
Administration/leadership	205	126	154	163
Clinical Nurse Specialist	128	179	213	198
Nurse Practitioner	597	567	622	616
Certified Nurse Midwife	21	26	15	27
Certified Nurse Anesthetist	59	54	71	76
School Nurse	3	10	10	47
Clinical Nurse Leader	**	**	67	55
Case Management ²	--	--	11	33
Community Health ²	--	--	2	19
Ambulatory Care ²	--	--	19	19
Nurse Generalist ²	--	--	139	53
Other specialty	75	153	42	97
Total Student Completions	1,239	1,298	1,538 ¹	1,591 ¹

*These data were not collected prior to 2006-2007.

**These data were not collected prior to 2008-2009.

1- Students who double-majored were counted in each specialty area for the first time in 2008-09.

Therefore, the sum of completions by specialty area may be greater than the total completions, which represent individual students that completed a MSN program in the given year.

2- Answer choice submitted by survey respondents.

More than half (58.8%) of nurse practitioners graduate with a specialty in family nursing, while about 20% graduate with specialties in acute care or pediatrics.

Student Completions by Nurse Practitioner Specialty*

	Academic Year			
	2006-2007	2007-2008	2008-2009**	2009-2010**
Nurse Practitioners	597	567	622	616
Acute care	7.2%	8.8%	10.9%	12.2%
Adult	6.5%	14.8%	4.7%	8.4%
Family	58.3%	53.1%	62.5%	58.8%
Gerontology	3.5%	3.0%	2.9%	2.8%
Neonatal	0.2%	1.2%	0.8%	1.1%
Occupational health	1.0%	0.7%	1.3%	1.9%
Pediatric	7.5%	6.2%	8.5%	9.3%
Psychiatric/mental health	2.8%	1.9%	1.6%	3.2%
Women's health	8.4%	7.4%	5.0%	1.9%
Other	4.5%	2.8%	5.9%	2.1%

*These data were not collected prior to 2006-07.

**NPs with double majors were counted in each category for the first time in 2008-09. Therefore, the percentages do not equal 100.

Student Census Data

The total number of students enrolled in Master's degree programs almost doubled (n=2,331) in the past six years. The slight drop in student census between 2007 and 2008 may be due to changes in the survey instrument rather than to an actual drop in the student census.

	Year					
	2005	2006	2007	2008	2009	2010
Student Census	2,375	3,559	3,989	3,823	4,358	4,706

Summary

Since 2007-2008, schools have been receiving more qualified applications to their Master's degree programs but have been unable to accommodate the increased interest in their programs. Despite the growth in the number of qualified applications not accepted for admission, Master's programs enrolled and graduated more nurses in 2009-2010 than in 2004-2005. The majority of students that completed a Master's degree in 2009-2010 graduated from nurse practitioner programs. More than half (58.8%) of these nurse practitioners specialized in family nursing. As more students complete the nursing education track in Master's degree programs, more qualified candidates for nursing faculty positions enter the nursing workforce.

Doctoral Programs

Limited data were requested from doctoral programs in 2004-2005. Therefore, some of the data presented do not include data from that year of the survey.

The number of doctoral nursing programs in California has grown since 2004-2005. In 2009-2010, there were seven nursing doctoral programs in California. Of these programs, 71.4% (n=5) of them were offered at private schools.

Number of Doctoral Programs

	Academic Year					
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
# Programs	5	5	6	7	7	7
Public Programs	40.0%	40.0%	33.3%	28.6%	28.6%	28.6%
Private Programs	60.0%	60.0%	66.7%	71.4%	71.4%	71.4%

New Student Enrollments

Admission spaces available for new student enrollments in doctoral programs increased by 78.7% (n=70) since 2005-2006. While the number of admission spaces available decreased slightly between 2008-2009 and 2009-2010, the share of those spaces filled with new student enrollments increased to 158 students – more than doubling new student enrollment (n=87) since 2005-2006.

Admission Spaces and New Student Enrollment in Doctoral Programs

	Academic Year				
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Admission Spaces Available*	89	74	109	163	159
New Student Enrollments	71	57	106	112	158
% Spaces Filled	79.8%	77.0%	97.2%	68.7%	99.4%

*If admission spaces were not provided in the data, the number of new enrollments was used as the number of available admission spaces.

The number of qualified applications to doctoral programs more than doubled (n=126) since 2006-2007. In 2009-2010, 21.4% (n=43) of these qualified applications were not accepted for admission.

Applications* for Admission to Doctoral Programs

	Academic Year			
	2006-2007	2007-2008	2008-2009	2009-2010
Qualified Applications	75	109	120	201
Accepted	57	106	112	158
Not Accepted	18	3	8	43
% Qualified Applications Not Accepted	24.0%	2.8%	6.7%	21.4%

*Since these data represent applications rather than individuals, the increase in qualified applications may not represent an equal growth in the number of individuals applying to nursing school.

Student Completions

The number of students that completed a nursing doctoral program in California more than doubled (n=35) in the past six years, from 29 in 2004-2005 to 64 in 2009-2010.

	Academic Year					
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Completions	29	42	57	39	49	64

Student Census Data

The total number of students enrolled in doctoral programs increased by 71.7% (n=180) in six years, from 251 students on October 15, 2005 to 431 five years later.

	Year					
	2005	2006	2007	2008	2009	2010
Student Census	251	--*	291	309	407	431

*Data not collected in the given year.

Summary

The number of students pursuing doctoral degrees has increased over the past six years. As more students complete these programs, more nursing researchers and more qualified applicants for nursing faculty positions will enter the nursing workforce.

Faculty Census Data

Faculty data for post-licensure programs were requested for the first time in the 2005-2006 survey. These data were collected by school, not by degree program. Therefore, faculty data represent post-licensure programs as a whole, not a specific degree program.

On October 15, 2010, post-licensure programs reported a total of 1,169 faculty that taught post-licensure courses, even if the faculty member also had a teaching role in the pre-licensure programs offered at the school. Although the data show a decrease in the number of faculty over the last year, this decrease is likely due to changes in how faculty data were collected rather than to an actual decrease in the number of faculty.¹

Of the 39 schools that offered post-licensure nursing programs in 2009-2010, 69.2% (n=27) reported sharing faculty with the pre-licensure programs offered at their school. Among the 27

¹ Prior to 2009-2010, if schools reported that pre-licensure faculty were used to teach post-licensure programs, it was assumed that all pre-licensure faculty had a post-licensure teaching role. Feedback from nursing school deans and directors indicated that this assumption was not always true. Therefore, these questions were modified in 2009-2010 to collect data on the number of faculty that exclusively teach post-licensure students and the share of the pre-licensure faculty that also teach post-licensure courses.

schools that share faculty, an average of 35.7% of their pre-licensure faculty taught both pre- and post-licensure students. Twenty-four schools reported that they have some faculty that exclusively taught post-licensure students, while 15 schools reported that all of their post-licensure faculty also teach pre-licensure students. Since many programs use the same faculty for pre- and post-licensure programs, 30.3% (n=354) of the 1,169 total post-licensure faculty reported in 2010 were also reported as pre-licensure faculty.

Post-licensure nursing programs reported 60 vacant faculty positions for the 2009-2010 academic year. These vacancies represent a 4.9% faculty vacancy rate.

Faculty Census Data¹

	Year				
	2006	2007	2008	2009	2010*
Total Faculty	1,544	1,605	1,909	1,813	1,169
<i>Full-time</i>	498	628	639	656	267
<i>Part-time</i>	1,046	977	1,270	1,157	549
Vacancy Rate**	3.1%	6.0%	4.8%	3.4%	4.9%
<i>Vacancies</i>	49	102	96	63	60

*Faculty data were collected differently in 2009-10 than in previous years. Therefore, the full-time and part-time faculty do not equal the total number of faculty reported.

**Vacancy rate = number of vacancies/(total faculty + number of vacancies)

1- Data were reported by school, *not* by degree program.

APPENDICES

APPENDIX A – List of Survey Respondents by Degree Program

RN to BSN Programs (32)

Azusa Pacific University
California Baptist University
CSU Bakersfield
CSU Chico
CSU Dominguez Hills
CSU East Bay
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
CSU Northridge
CSU Sacramento
CSU San Bernardino
CSU San Marcos
CSU Stanislaus
Holy Names University

Humboldt State University
Loma Linda University
Mount Saint Mary's College
National University
Pacific Union College
Point Loma Nazarene University
San Diego State University
San Francisco State University
San Jose State University
Sonoma State University
University of California Los Angeles
University of Phoenix - Northern California
University of Phoenix - Southern California
University of San Diego
West Coast University – Los Angeles
West Coast University – Orange County

Master's Degree Programs (31)

Azusa Pacific University
CSU Bakersfield
CSU Chico
CSU Dominguez Hills
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
CSU Sacramento
CSU San Bernardino
*CSU San Marcos
CSU Stanislaus
Dominican University
Holy Names University
Loma Linda University
Mount Saint Mary's College

Point Loma Nazarene University
Samuel Merritt University
San Diego State University
San Francisco State University
San Jose State University
Sonoma State University
*University of California Irvine
University of California Los Angeles
University of California San Francisco
University of Phoenix - Northern California
University of Phoenix - Southern California
University of San Diego
University of San Francisco
University of Southern California
Western University of Health Sciences

Advanced Practice Nursing Certificate Programs (3)

Kaiser School of Anesthesia/CSU Fullerton
University of California Davis
UCSF-San Francisco General Midwifery Program

Doctoral Programs (7)

Azusa Pacific University
Loma Linda University
University of California Los Angeles
University of California San Francisco

University of San Diego
University of San Francisco
Western University of Health Sciences

* - New programs in 2009-2010

APPENDIX B – BRN Education Advisory Committee Members

BRN Education Advisory Committee Members

Members

Loucine Huckabay, Chair	California State University, Long Beach
Sue Albert	College of the Canyons
Audrey Berman	Samuel Merritt University
Liz Close	Sonoma State University
Patricia Girczyc	College of the Redwoods
Marilyn Herrmann	Loma Linda University
Deloras Jones	California Institute of Nursing and Health Care
Stephanie Leach	formerly with California Community College Chancellor's Office
Tammy Rice	Saddleback College
Scott R. Ziehm	University of California, San Francisco

Organization

Ex-Officio Members

Louise Bailey	California Board of Registered Nursing
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Project Managers

Carol Mackay	California Board of Registered Nursing
Julie Campbell-Warnock	California Board of Registered Nursing

Highlights/Summary of 2009-2010 Post Licensure Report

RN TO BSN Programs:

- New student enrollments continue to increase
- Completions slightly lower than last year but should recover with the increasing enrollments

Master's Degree Programs:

- Two new programs since last year, thus new student enrollment increased
- Completions increased
- Nurse Practitioners continue to be the largest share of Master prepared graduates, with almost 59% of the NP grads specializing in family nursing

Doctoral Programs:

- While the majority of RN to BSN and Master's programs are public, 71% of doctoral degree programs are private
- Continue to see increases in new student enrollments and completions

Faculty Data

- Data was collected differently this year in an attempt to collect more accurate numbers of faculty who actually teach in post-licensure vs. pre-licensure nursing programs. As a result, there is a decline in the number of faculty reported
- Reported faculty vacancy rates remain similar to previous years at almost 5%

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 13.8

DATE: June 15, 2011

ACTION REQUESTED: Licensing Program Overview and Statistics

REQUESTED BY: Catherine Todero, PhD, RN, Chairperson
Education/Licensing Committee

BACKGROUND:

Program Update:

The Board of Registered Nursing Licensing Program has been processing applications for graduates wanting to take the NCLEX-RN. California schools are able to provide the Board with information for their graduates a minimum of 4 weeks prior to the graduation date; however, we are still finding that some schools are not submitting documentation until after the graduation date. We have found that by the schools waiting until after the graduation date to send the Individual Candidate Rosters, the chances of a student who did not complete all educational requirements being deemed eligible for the examination decreases.

From February 23, 2011 to April 30, 2011, 270 new California graduates have been deemed eligible to take the NCLEX-RN examination. Currently, the Licensing Unit has received Individual Candidate Rosters for 1,462 students scheduled to graduate in May. The processing of these applications will be completed when the student had graduated.

The Licensing Program is still facing some challenges. The Licensing Unit still has vacant positions for three Key Data Operators (KDOs); and the Office Services Supervisor II (OSSII) for the Support Unit. These positions are vital to maintain the workflow in the Licensing Unit. The KDOs create the new files that are then directed to the Evaluators for processing. The OSSII supervises the Support Unit to ensure that applicant files are created and distributed to the Evaluators in a timely manner.

The remaining 4 Key Data Operators have risen to the challenge of the increase in the number of applications. They all have now received training and are now able to assist in all aspects of the Support Unit. Because of their diligence; we currently have no backlog of applications.

Statistics:

The Department of Consumer Affairs, in conjunction with the Board, continues to provide statistical reports to the Governor's Office and the State and Consumer Services Agency on a monthly basis for the Licensing and Job Creation Report. This project has been on-going since January 2010 and the Board has been an active participant in meeting the goals of the program to contribute towards

California's job growth through expeditious and efficient processing of professional pending examination and licensing applications.

The statistics for the last two fiscal years and ten months of Fiscal Year 2010/11 are attached. You will note that there is a decrease in the number of applications for examination, endorsement, and repeaters during the last two fiscal years. It is believed that this is due to the economic slowdown and the Boards no longer accepting applications that do not include a United States Social Security Number.

Issues:

- Staff is now receiving an increase in transcripts from Philippine applicants who have completed a two-year preparatory program. At the completion of the program the student is awarded a Certificate in Two-Year Associate in Health Science Education (AHSE). This course complies with the Commission on Higher Education (CHED) and comprises the general education component of all Baccalaureate degrees in the Health Professions. It is only to be offered in Colleges and Universities with recognized health programs. Our concern is that credit(s) for nursing course work offered in this AHSE program may be accepted to meet registered nursing level course work.

Based on the information we have received, upon completion of the two-year preparatory course, the graduates are equipped with the appropriate competence to function as a "primary health care provider" such as a Health Aide or Community Health Aide.

- Still receiving questionable transcripts and nursing licenses from the Philippines. For example: four applicants who attended the same nursing program had transcripts sent allegedly from their nursing school. The transcripts were questionable which prompted staff to contact the school. A response was received from an official at the school informing us that none of these four applicants attended that school.
- Another applicant began a nursing program in the Philippines. The applicant left the program in 2000 and returned in 2007. The documentation from the program shows that this applicant completed 136 hours of lectures and 408 hours of clinical practice. These hours were completed in 16 weeks, according to the documentation received from the school; however, the applicant was in the Philippines for only 24 days during this time period.
- Credits given for entire programs such as vocational nursing, nursing assistant and MD level to meet RN course work requirements. The student completes minimal theoretical and clinical course work prior to receiving the degree as a Registered Nurse.
- Modular distance learning programs offering self-directed and/or independent study. These students have only occasional interaction with an assigned tutor, and how, when and where the clinical practice is completed is questionable.

- Still receiving applications from students who attended on-line programs offering degrees based on work and/or experiences and the degree is awarded in as little as 7 days. A transcript for an applicant who completed one of these programs was sent from a company based in the United Arab Emirates.

NEXT STEPS:

Continue to monitor licensure application to the BRN.

**FISCAL INPLICATION(S),
IF ANY:**

None

**PERSON(S) TO
CONTACT:**

Bobbi Pierce, Staff Services Manager I
(916) 574-7668

**CALIFORNIA BOARD OF REGISTERED NURSING
LICENSING STATISTICS**

	FISCAL YEAR 2008/09			FISCAL YEAR 2009/10			FISCAL YEAR 2010/11 7/1/2010 – 4/30/2011		
DESCRIPTIONS	APPS RECEIVED	**APPS PENDING	LICENSES & CERTS ISSUED	APPS RECEIVED	**APPS PENDNG	LICENSES & CERTS ISSUED	APPS RECEIVED	**APPS PENDING	LICENSES & CERTS ISSUED
REGISTERED NURSE – EXAMINATIONS ENDORSEMENTS & REPEAERS	50,504	8,398	23,624	44,516	7,492	23,357	27,474	6,6,693	19,629
CLINICAL NURSE SPECIALISTS	246	13	216	240	27	204	174	40	173
NURSE ANESTHETISTS	142	1	129	139	4	124	135	19	131
NURSE MIDWIVES	38	0	45*	42	0	38	38	3	43
NURSE MIDWIFE FURNISHING NUMBER	37	0	35	37	2	32	19	5	18
NURSE PRACTITIONERS	817	0	804	937	9	854	674	68	807
NURSE PRACTITIONER FURNISHING NUMBER	704	2	680	670	7	598	594	68	635
PSYCH/MENTAL HEALTH LISTING	9	1	6	5	1	4	7	3	5
PUBLIC HEALTH NURSE	2,148	98	1,997	2,538	120	2,373	2,371	285	2,377

*Nurse-Midwife applicants are often educated outside of the United States and must remediate course work prior to certification.

**Applications pending – Initial evaluation is complete; additional documentation required to complete file or applicant needs to register with the testing service, Pearson VUE.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 13.9

DATE: June 15, 2011

ACTION REQUESTED: NCLEX-RN Pass Rates Update

REQUESTED BY: Catherine Toderro, PhD, RN, Chairperson
Education/Licensing Committee

BACKGROUND: The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for 12 months and by each quarter.

NCLEX RESULTS – FIRST TIME CANDIDATES

April 1, 2010 – March 31, 2011**

JURISDICTION	TOTAL TAKING TEST	PERCENT PASSED %
California	10,998	87.58
United States and Territories	140,855	87.27

CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES

By Quarters April 1, 2010-March 31, 2011**

4/01/10- 6/30/10		7/01/10- 9/30/10		10/01/10- 12/31/10		1/01/11- 3/31/11		4/01/10- 3/31/11	
# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass
2,114	89.92	4,423	86.03	994	80.38	3,467	90.19	10,998	87.58

**Includes (6),(6),(2) & (6) “re-entry” candidates*

*** 2010 NCLEX-RN Test Plan and a higher passing standard (-0.16 logits) were implemented April 1, 2010.*

The Nursing Education Consultants monitor the NCLEX results of their assigned programs. Current procedure provides that after each academic year (July 1 – June 30), if there is substandard performance (**below 75% pass rate for first time candidates annually**), the NEC requests the program director submit a report outlining the program's action plan to address this substandard performance. Should the substandard performance continue in the second academic year, an interim visit is scheduled and a written report is submitted to the Education/Licensing Committee. If there is no improvement in the next quarter, a full approval visit is scheduled within six months. A report is made to the Education /Licensing Committee following the full approval visit.

NEXT STEPS: Continue to monitor results

**FINANCIAL IMPLICATION(S),
IF ANY:** None

PERSON(S) TO CONTACT: Katie Daugherty, Nurse Education Consultant
(916) 574-7685

California Board of Registered Nursing

NCLEX-RN Pass Rates First Time Candidates Comparison of National US Educated and CA Educated Pass Rates By Degree Type

Academic Year July 1, 2010-June 30, 2011

Academic Year July 1-June 30	July-Sept #Tested % Pass	Oct-Dec #Tested % Pass	Jan-Mar #Tested % Pass	April-June #Tested %Pass	2010-2011 Cumulative Totals
National US Educated- All degree types *	53,342 (84.8)	12,037 (81.7)	35,230 (89.3)		
CA Educated- All degree types*	4,425 (86.0)	994 (80.3)	3,467 (90.1)		
National-Associate Degree rates**	30,237 (84.0)	6,947 (79.9)	20,831 (88.1)		
CA-Associate Degree rates**	2,888 (86.0)	573 (78.5)	2,382 (89.9)		
National-BSN+ELM rates***	21,547 (85.8)	4,631 (83.8)	13,557 (91.0)		
CA-BSN+ELM rates***	1,530 (86.0)	419 (82.8)	1,079 (90.9)		

National rate for All Degree types includes four categories of results: Diploma, AD, BSN+ELM, and Special Codes. Use of the Special Codes category may vary from state to state. In CA, the Special Codes category is most commonly used for re-entry candidates such as eight year retake candidates wishing to reinstate an expired license per CCR 1419.3(b). The CA aggregate rate for the All degree types includes AD, BSN+ELM, and Special Codes but no diploma program rates since there are no diploma programs in CA. CA rates by specific degree type exclude special code counts since these are not reported by specific degree type.

**National and CA rates reported by specific degree type include only the specific results for the AD or BSN+ELM categories.

*** Historically, ELM programs have been included in the BSN degree category by NCSBN.

Note: This report includes any quarter to quarter corrections NCSBN has made in data.

Source: National Council of State Boards Pass Rate Reports